California State Journal of Medicine

ISSUED MONTHLY: OWNED AND PUBLISHED BY THE
MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

Vol. XVI, No. 3 MARCH, 1918 $1.00 a Year

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ENTERED AT SAN FRANCISCO, CAL. AS SECOND-CLASS MATTER

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BUTLER BUILDING, 135 STOCKTON STREET, SAN FRANCISCO

VOL. XVI MARCH, 1918 Number 3

PATHOLOGIC EXHIBIT.

The Program Committee has decided to provide space for an exhibit of pathologic specimens. Commercial exhibits are not to be included, but physicians having original models of instruments, or institutions having educational exhibits may apply for space.

Applications for space should be made to Dr. Alfred Baker Spalding, Lane Hospital, S. F.

COMMITTEE ON SCIENTIFIC PROGRAM.

To all Authors having place on the program of the State Society Meeting:

Please read the following very carefully and act upon the suggestions at once, as they are important, not only to the success of the program but to you, personally.

1st. If you will need the use of a projectoscope, moving picture machine or other equipment, kindly write at once, making known your needs. If you do not do this, do not blame the Committee of Arrangements or the Program Committee if you are not supplied when the Society meets.

2nd. Send us, as soon as possible, the name of the doctor whom you wish to open the discussion of your paper. Please do not delay; do it now.

3rd. A suggestion. In order to make the discussion of interest and value, a copy of your paper should be presented to the opener of the discussion of your paper not later than one week before the Society meets.

4th. VERY IMPORTANT. Your paper, when read, becomes the property of the Medical Society of the State of California and may be published or refused publication in the Journal, according as the judgment of the Publication Committee dictates. The rules require that your paper as read must be left with the Chairman of the Section before which it is read. The new ruling of the Committee requires that a copy of the paper which you will read must be in the hands of the Secretary before it is read at the Society meeting. Therefore, please bring with you an extra copy of your paper to be presented to the Secretary before you deliver your address.

DEL MONTE.

Every person who is expecting to attend the annual meeting at Del Monte on April 16, should make immediate reservation if he does not wish to court disappointment. The state society meeting is placed in the middle of the busy hotel season at Del Monte and rooms will be at a premium. There is every necessity for immediate reservation. Do it now. You can cancel a reservation if absolutely necessary later. You will probably be unable to secure accommodations toward the date of meeting. Railway rates are one and one-half the lowest regular one way fare, on the

receipt-certificate plan from all points in California, provided fifty (50) or more are in attendance. When you buy your ticket to go to Del Monte, pay the full fare and get a receipt-certificate. When you get to Del Monte, present this to the State Secretary to be signed and then when you get your return ticket, hand this receipt to the agent and he will give you a return ticket for one-half fare.

Do not fail to get the receipt-certificate, or to have it signed by the State Secretary, for if you do, you have no redress.

Every delegate should make it his first business to attend this session as matters of the utmost importance will come up for consideration. Questions have arisen in which every member of the Society is vitally interested and the delegates who represent large numbers of our members who cannot attend, should be sure to be present, even if at a personal sacrifice.

Secretaries of county units should make it their special duty to attend this meeting so that they may be in a position to explain to their members just what was done and why.

County secretaries can talk more effectively to their members on Society matters by having attended this meeting.

Hotel Rates: Hotel Rates are on the American plan.

Single room without bath, $5.50 per day, one person.

Double room without bath, $10.00 per day, two persons.

Single room with bath, $6.50 per day, one person.

Double room with bath, $12.00 per day, two persons.

GOOD ADVERTISING VALUE.

"That January issue is a 'cracker-jack.' Its sixty-six pages of live reading matter and fifty-two pages of live advertisements, all printed on a fine grade of paper, make it a notable issue. Looks as if CALIFORNIA STATE JOURNAL OF MEDICINE had started out with its January issue to make 1918 a banner year! Congratulations to the whole staff who made it, the readers who enjoy it, and the advertisers who profit by it."

That is what one of our advertisers thinks of the JOURNAL. It voices a fact which is sometimes overlooked, that the JOURNAL is one of the very best advertising media in the state for things which appeal to doctors and hospitals. Every advertiser gets more than value received. He gets an endorsement of quality and honesty. He gets publicity aside from actual sales resulting. And he gets the ear and eye of the doctors of the entire state in a direct and authoritative fashion. It pays to advertise in the JOURNAL. It pays to read over the advertisements. It is part of keeping up with medical progress. No doctor in the state of California can afford to be without the JOURNAL and no business house which wants patrons in the medical profession can afford not to advertise in the JOURNAL.

UNSCIENTIFIC SCIENCE.

The sober man of reason has the deepest respect for conviction in another man. He respects thoroughly the opinion, the precept and the practice of every other man who is actuated by a genuine belief in the right of his position and is sincere in his belief. We have no quarrel with those who have a reasoned and sincere belief in Christian Science. Their right is the same as our own to religious freedom. There enter two factors, however, which must be associated with this proposition. In the first place, we have a legitimate quarrel with those professors of Christian Science, however sincere they may be, who by their tenets or practices, endanger the health of others than themselves. In the second place, we have an obligation to explain whatever may have a bearing on this whole question, to the intent of clearing up misapprehension of its real point of view, teachings, and results, both within and without the ranks of its adherents. Exposition of its teachings and results in nowise is directed against the sincerity of those who are sincere, or against their religious conviction.

In the San Francisco Chronicle recently appeared a letter from a Christian Scientist, referring to the opposition on the part of his sect to the support of research medicine and thus incidentally, vivisection, by the American Red Cross. Says he: "The fact is, however, that medical opinion is hopelessly divided on this question, not a few of those most competent to judge being certain that animal experimentation in nowise promotes progress in medicine and surgery." This is news indeed! And even granting its truth, which we are very far from doing, why should any individual judgments be given weight against the clear record of fact in medical history? The medical profession for itself has urged particularly that the record of actual fact and accomplishment be considered in estimating the value of experimentation on animals, and not some one's judgment that this experimentation was valuable.

In this connection, attention is called to an announcement in the Journal A. M. A.[1] detailing a request for specific advice from General Pershing's medical staff in France, as to the desirability of such appropriation from Red Cross funds for medical research. The names of many of the signers of the reply are given, and are worth reading. It is absolutely and literally true that "any one endeavoring to stop the Red Cross from assisting in its humanitarian and humane desire to prevent American soldiers from being diseased, and protecting them by solving the peculiar new problems of disease, with which the army is confronted, is in reality giving aid and comfort to the enemy."

A recent Christian Science article states a fact with which we heartily agree, that "health is the normal condition of man . . . ," and then proceeds to the utterly unscientific and unrelated statement that "disease is a mistake of the human mind." It happened recently that the writer had the following experience: The husband of a follower of this sect lay ill, and on his refusal to have

1 1918, LXX, 3, 169.

a "practitioner," the doctor was summoned. The doctor was informed immediately upon his arrival that he was really the second choice and the lady told of her pet bull terrier which had been taken with distemper and given up to die by a leading veterinarian. In despair the lady called up a prominent "practitioner," whose writings by the way are often in the newspapers, and the dog was healed at once by a single absent treatment. Why not, therefore, change the definition of disease to "a mistake of the human *or* the canine mind"? And if canines can be slipped into the category, why not include all animals, and then all thinking things, and, rather than run afoul of modern biology, all things that show life? But if disease is to be limited to the thinking creature, how about disease in the insane or the idiotic or imbecile? Disease, one would think, must presuppose a mind. And without mind there could not be disease. Therefore to be without disease, one should first be without a mind. Perhaps this may be true, on a Christian Science basis. However, we prefer our science to be logical and to be based on something of reasonable scientific fact.

Another statement of the writer quoted above also meets with our approval. He is somewhat late in discovering it, to be sure, as it was written into medical and biological science some time ago and has been lately demonstrated in the laboratory (a vivisection laboratory, by the way) by Cannon and others. Says he: "It is very plain to the student of Christian Science that the direct effects of wrong thinking upon the body, such as the indulgence of malice, anger, hatred and revenge, cannot be healed either by drug or knife." "Drugging the poor innocent body to correct the effects of sinful thought is little else than trying to erase a shadow on the wall, without interfering with that which is responsible for the shadow." If there is no matter, how can there be a shadow? If the body is unsubstantial, so are the drugs, and where are we the worse off? By Christian Science reasoning, it would strike the impartial observer that drugs through their unsubstantial action on the unsubstantial body, might be expected to cause mental purgation, and emesis and all the other actions sometimes accredited to drugs. We find ourselves thus in the position of having proved some time ago what Christian Science now announces as a new discovery, and of rather refusing to follow logical Christian Science reasoning as applied to the metaphysical action of drugs.

Enough has been said to show that the basis of reasoning in this system is destroyed by its own reasoning, if it be logical, and that to apply the name "science" to such inconsistencies is most unscientific.

VENEREAL DISEASE AND THE ARMY.

Information recently received by the Bureau of Venereal Diseases of the State Board of Health shows that during the twelve weeks ending December 7, 1917, 21,742 new cases of venereal disease were reported from thirty-one cantonments. The incapacitation of these men involves not only loss of time. It has cost the government to keep them during the period of hospital confinement (varying from one to eight weeks), more money than is required to maintain the entire command at Camp Dix in New Jersey with 20,859 men, plus an additional sum for medical treatment. In hundreds of these cases the disease will relapse, in many instances, after the men have arrived in France and have presumably been put in condition for active service at the front, at a cost to the government of about $1500 for each man.

A large proportion of these cases of venereal disease originate, not in the camp or in communities surrounding the camp, but in cities and towns from which the men come and through which they pass en route to the camps. This statement is clearly proved by reports from the Surgeon-General's office. The enormous monetary cost due to venereal disease is thus due largely to conditions in civil life.

These facts show clearly the urgent need for an organized simultaneous attack by all states on venereal disease. When only a few states deal with the problem, and some of these but spasmodically, the result is only to drive the chief carriers, the prostitutes, from one state to another. State Boards of Health in each state should enlist the active co-operation of governors, mayors, chiefs of police, police judges, district and city attorneys, hospital superintendents, and educators, in an organized and general attack on venereal disease.

The special article in this issue by Dr. Sperry, on the campaign of the San Francisco Board of Health against venereal disease, is worthy of careful study. Such a campaign, related to and cooperating with the venereal disease bureau of the state Board of Health, is needed in every city of California where there is possibility of dissemination of venereal disease. Along with these campaigns, there is urgent need that the medical profession, as a whole, cease its indifference and *laissez faire* attitude toward this problem. Flippancy and cynical discussion are too often heard when the question of venereal disease is presented before medical societies. Both are in extremely bad taste and are neither rational at the present day nor patriotic. Let us have no more of them. That doctor who considers the entire subject a joke, is not fit to be a doctor. That doctor who is not a supporter of the government's policy of absolute repression of prostitution as the best solution of the question, so far as it affects carriers, is not conversant with present day sociological returns and needs to do some serious study of present day conditions. The medical profession should be in the front rank of the attack on venereal disease, both in its organized public capacity, and even more importantly in its individual relations to this great problem.

ALARMS AND RUMORS.

From time to time we hear that some member of our organization, who has been unfortunate enough to be sued for some alleged act of unskillfulness or neglectful omission, has suffered grievously at the hands of our organization. The story runs that the Secretary's office was indifferent or careless, or that our legal staff was ineffective and failed to respond to his dire need; or the yarn

may be that our finances are impaired, that members are not keeping up their dues, and more and much more of the same. Prefacing the statement "I heard" or "they say," our informant retails the depressing information.

May we without offense say to our members that the circulation of such alarms and rumors is opposed to the Society's best interests? It is, we believe, instituted by those who are opposed to the Society and who are wholly outside of the Society. There are evidences that a well-conducted and carefully planned campaign has been going on for some time. It is not instigated or maintained by any member of the Society, but members of the Society can aid it by lending unconscious assistance to the circulation of such statements. Such matters are calculated to disintegrate the Society's organization, to instill doubt and foreboding in the mind of every member as to the strength of the Society's organization, and particularly as to the efficacy of the legal defense measures used by the Society and its legal department.

The point is this: When you hear or see any statement, oral or written, critical or derogatory of your own officers and representatives, do not circulate it, but take it up, either by seeing or writing to the officer or representative criticized, and if not satisfied with his statement then take it to the Councillor for your district and ask him to look into the matter for you.

We scarcely think it necessary for us to say that there is not a particle of truth in such statements. Our organization was never in better condition. Our membership roll, taking the war into consideration, shows a healthy total. Our finances are in sound condition—our books are kept under the eye of a firm of certified public accountants. The report of our legal department for 1917 discloses nothing but an unbroken line of successful efforts for our members.

So we say, criticize your officers and representatives—yes, but do so on facts known to you, and then go to some one in authority. Make your officers and representatives suggestions, they like to get them; but don't aid in the spreading of any rumor designed to disintegrate or weaken our splendid organization—and that, in the possible and probable interest of influences desiring such a result.

MEDICAL MOBILIZATION.

Until the entire medical profession of the United States, so far as its members are mentally and physically fit and within the age limit, is mobilized in the Medical Reserve Corps of the Army, we cannot say that we have done our utmost as a profession in the German war. You may never be called, at the same time your joining the Medical Reserve Corps and placing your services at the command of your country, clearly indicates the patriotism which the medical profession, as a whole, should evince and which we must manifest if we are to win the war.

Every doctor must realize that success depends upon a carefully selected and thoroughly trained body of medical officers. By careful selection, we mean the placing of a medical officer in the position for which he is best fitted. Only by having the entire profession mobilized on a war basis, can we serve our country to the best possible advantage. This mobilization of the entire profession should come from within, but every physician coming within the requirements of the service, as to age and physical fitness, should seriously consider this suggestion and not wait for complete mobilization, but should apply at once for a commission in the Medical Reserve Corps of the Army.

It is not only for the combatant forces that medical officers are required but for sanitation, hospital camps, cantonments and in other departments where the health and life of the forces are dependent upon the medical officer. We have within the profession a sufficient number of doctors to fully meet the requirements of the Surgeon General's Office whatever they might be, but to be of service, you must join the Medical Reserve Corps to enable you to meet the appeal which is now being made for a large and efficient Medical Reserve Corps upon which the Surgeon General may draw as requirements demand.

WAR CLASSIFICATION OF MEDICAL COLLEGES.

Attention was called recently (Dec., 1917) to the situation arising in the College of Physicians and Surgeons in San Francisco, due to the fact that while this institution was accredited by the California State Board of Medical Examiners, it had failed to receive recognition from the War Department whereby its graduates could directly qualify for commissions in the medical corps of the Army, or its undergraduates be given recognition as medical students under the draft law. Inasmuch as the Class C. rating of this college has recently been confirmed by the Council on Education of the A. M. A., and inasmuch as the Army has not altered its dictum regarding recognition, there seems but one logical course for the State Board of Medical Examiners to pursue, under present war conditions, and for the best interests of the Army and of the students here enrolled. Certainly for the duration of the war the government minimum requirements of medical education should obtain for all colleges accredited by the State Board. As a war measure, no lower standard should be allowed. The demand of the Army for properly trained doctors should not lead to a lowering of the standard of medical education, but should be a powerful and patriotic motive for raising it.

NAVY NEEDS MEDICAL OFFICERS.

Considerable uncertainty appears to exist as to the status of the enrollment in the Naval Reserve Force, of registrants under the Selective Draft Law, since December 15, 1917. The following is quoted from the Selective Service Regulations operative from that date:

"(C) Any registrant at any time, regardless of classification and order number, may be commissioned in the Army, Navy, or Marine Corps, and thereafter, on presentation by the registrant to his local Board of a certificate of his Commanding Officer stating that he has been so commissioned,

such certificate shall be filed with the questionnaire and the registrant shall be placed in class V, on the ground that he is in the military or naval service of the United States."

As the Navy is still urgently in need of medical officers to answer the constantly increasing calls for sea and shore duty, particular attention is hereby called to the fact that registrants can present themselves for examination and accept commissions in the Navy regardless of their classification and order number, that the Navy is urgently in need of men, and that candidates found qualified will be assigned to immediate active duty if so desired.

Those candidates found qualified for enrollment and serving as interns will be, as far as practicable, left untouched in order to complete such course of internship. No definite assurance, however, can be given, as this action will necessarily largely depend upon the number of older men enrolled.

Applicants are requested to communicate with, or apply to, Dr. U. R. Webb, Senior Medical Examiner, U. S. Naval Hospital, Mare Island. California.

EDITORIAL COMMENT.

It is a pleasure to note that the monthly bulletin of the Federation of State Medical Boards of the United States for January, 1918, quotes in full the editorial entitled "A Bad Situation" which appeared in the December issue of the Journal.

In France and Germany the pharmaceutical corps is a necessary adjunct to the Medical Corps, and it is just as necessary to have qualified pharmacists in our own Army. The medical corps needs trained pharmacists. The soldier is entitled to the same protection against ignorant and careless dispensers that is afforded to civilians by the Pharmacy Laws.

You will remember an editorial published in the Journal of the American Medical Association as follows: "Today, as never before, victory in war goes to the nation that most effectively conserves the health of its fighting men. The physician is now of such military importance that the medical profession will be called on to make no inconsiderable sacrifices. It will materially lighten the arduous and responsibilities of the physician to have in the Army trained pharmacists who will be able to give intelligent cooperation. But it is imposing too great a strain on the patriotism of those whose special knowledge is obviously a large asset to the Army, to expect them to enlist as privates without any recognition of their national worth. Pharmacists should be given a rank commensurate with their importance, first because it is but simple justice to the pharmacists themselves, secondly, because the usefulness of the medical corps will be greatly augmented, and, lastly, and most important, because the efficiency of our Army demands it."

Any one in the Army Medical Service is now permitted to dispense drugs and medicines after he has been given a brief instruction in pharmacy, but the pharmacists who have served their time at home in studying, securing drug store experience and passing the State Board examination are not recognized by the United States Army as pharmacists. The medical profession should support the Edmonds Bill (H. R. 5531) for the establishment of a pharmaceutical corps.

In the new Journal of Psycho-Biology for September, 1917 (p. 141), K. S. Lashley records some interesting experiments on white rats with reference to the effects of strychnine and caffeine on habit formation. He finds that small doses of strychnine are without effect on the rate of habit formation, while doses large enough to produce tremor and incoordination accelerated learning. Caffeine in moderate and large doses, retards learning in direct proportion to the size of dose. Strychnine in large doses increases accuracy of performance of a perfected established habit. Large doses of caffeine caused more activity and reduced the accuracy of performance. Such data on elementary psychological responses to drug action are of particular value with those drugs which are, or may be, used for psychic stimulants.

The fight against tuberculosis has graduated from the moving-picture house and is about to appear in this country on the legitimate stage with Robert Edeson, of "Little Minister" and "Strongheart" fame, in the leading role. The play, entitled "Love Forbidden," is by Jacques Renaud and has had a seven-months' run in Paris. While this play is a pathologic drama like "Damaged Goods," which enjoyed such a phenomenal run a few years ago, it is declared by critics to be much more appealing and interesting as a piece of dramatic workmanship. It has been officially approved by the National Association for the Study and Prevention of Tuberculosis, which pronounces it a powerful agent for promoting the education of the public as to the menace of the great white plague and the methods of combating it.

It is astonishing how many manuscripts are received in which the verb "to operate" is employed as a transitive verb. Such use is incorrect and jars on the ear of good usage. The surgeon "operates upon the patient," but never, unless he is poorly lettered, "operates the patient." Moreover, the patient in the hands of the good surgeon should not "be operated," but should "be operated upon."

The special article in this issue by Dr. Gallwey brings up a matter of considerable importance and one which has not received the emphasis it deserves. This is the proper tabulation and record of the results of physical examinations under the draft law. Such results will be of real value, and proper means should be utilized in the coming examinations to make them full and reliable.

Oleomargarine is a worthy substitute for butter if a good brand is secured and it is fresh. It has nearly the same caloric value, is not unpleasant in taste, and costs about two-thirds as much as butter. It may not have the same vitamin content, but this is not a matter of importance in the ordinary dietary.

Special Articles

THE WORK OF THE MEDICAL ADVISORY BOARD FOR DISTRICT EXEMPTION BOARD, DIVISION ONE, NORTHERN CALIFORNIA.

By JOHN GALLWEY, M. D., San Francisco,
Medical Member Dist. Board, Cal.

On August 6, 1917, at the Capitol in Sacramento, a conference of the District Exemption Boards of California was held. The District Board of San Francisco and Alameda Counties was strongly of the opinion that re-examination of men claiming physical disability as a basis of appeal, should be provided for by the District Exemption Boards. For that purpose, in this district, a Medical Advisory Board of 15 members was appointed by Governor Stephens. Of this number there were 3 internists, 1 lung specialist, 2 general practitioners, 2 surgeons, 1 orthopedist, 1 alienist, 1 ear, nose and throat specialist, 2 eye specialists, 1 genito-urinary specialist, also 1 obstetrician whose duty it was to ascertain early pregnancy in wives of men who made this a basis of their claim of appeal. The laboratory and X-ray work was done largely at the St. Francis Hospital.

The board met daily except Sundays and legal holidays, serving from 10:00 A. M. to 4:00 P. M.; 574 cases were re-examined during a period of 4½ months, for the first draft. All of these, with a few exceptions, had been examined by local Boards of Examiners, and appealed to the District Board on claims of physical disability. The large number of appeals was ascertained to be due to the following reasons:

1. Dissatisfaction because of hurried examinations.
2. Imperfect knowledge of army physical requirements.
3. The noise and confusion in the examination room, and inability to take or weigh satisfactorily histories, especially in cases of nervous and mental diseases, and pulmonary tuberculosis.
4. The desire of medical men to conscientiously do their duty, and to fill the necessary quota, thus sending men who would be perfectly good in departments of the army, non-combatant in nature, but who proved not to be the perfect type of men sought for by medical examiners in mobilization camps.

Notwithstanding that the obviously disqualifying diseases, such as advanced tuberculosis, organic heart disease, deformities, defects in vision or hearing, under-weight or obesity and deficient height, were generally ruled out by local boards, the fact remains that a considerable number of such cases came before us, thus emphasizing the reasons for appeal from the decision of local boards, as above stated.

The method of examination consisted in taking, first of all, a careful history of each case as one would with a private patient. His complaint, upon which his claim of appeal was based, was fully written out. He was then stripped and subjected to a careful, general physical examination by two of the examiners. Frequently, disqualifying defects not complained of, and not even suspected by the subject, were discovered. Upon the detection of pulmonary, genito-urinary, nervous or spinal diseases, defects in sight or hearing, the subject was referred to the particular specialist for further investigation, and a report upon the findings. In all cases where the slightest suspicion developed, sputum and urine examinations were made. In every case an effort was made to obtain the man's point of view, and to satisfy him and ourselves with the thoroughness of the examination. A general consultation followed each day's work; difficult cases were discussed, and a decision rendered. Cases claiming tuberculosis of the lungs were subjected to a searching history and a physical examination. Where evidence was secured of a definite period of active tuberculosis, characterized by hemorrhage, positive sputum, loss of weight, cough, night sweats, even though in a state of arrest, the claimant was disqualified. X-ray plates were made where histories were questioned for some reason or not clear, and the physical examination inconclusive.

In cases of chronic bronchial asthma, where no definite physical signs were found at time of examination, we established a rule to disqualify upon receipt of an affidavit from the physician who had treated the subject during an attack.

Cases of heart murmur, apparently functional, were disqualified if the apex beat was found in an abnormal position, rhythm irregular, or tachycardia present, and when, as we frequently found, high blood pressure existed. In a number of these, urine examinations revealed chronic nephritis. In many cases a murmur was heard when at rest, and disappeared after exertion; in others no murmur could be detected at rest, but could be clearly brought out on exertion. When these murmurs were systolic, and no other abnormal symptoms were present, they were regarded as purely functional, and such subjects, consequently, were accepted. Due consideration was given the influence upon the heart's action produced by the nervous excitement attendant on the examination.

Cases of defective vision and hearing were examined by the specialists of the board.

The eye and ear examinations were conducted with extreme care, some of them requiring two or more visits in order to establish positive findings. Flat-foot, frequently claimed as a condition upon which a claim of appeal was based, was dealt with by ascertaining extent of deformity, degree of pronation, functional tests, and taking of imprints. Frequently the function of feet was found extremely good in spite of a decided degree of flat-foot. In such cases the subject was denied exemption.

Variations in height and weight were judged in accordance with the modified army regulations, which were adhered to closely, as we found that was the practice by medical examiners in mobilization camps.

Scars attendant upon surgical operations about the abdomen, and complained of as painful or interfering with function, even though no evidence of disability was found, were so frequently a cause for rejection at mobilization camps that we disqualified men for this reason. The cause of rejection in cantonments early proved to us that

none but a perfect physical type of man would be accepted on the first draft. Faulty union of fractures, ankylosis of joints, especially of right arm, disqualified, if interfering with the function of the limb.

Rejection for nervous diseases required probably more consideration than for any other cause. There were ten cases, apparently normal when examined, who were determined to have had psychosis, chiefly manic depressive in type. One brought a certificate of discharge from an asylum. Several brought affidavits from attending physicians certifying to the character and duration of mental symptoms, obviously mild instances, while the families of others were the only means of supporting the subject's story. In all these cases, carefully taken histories proved of the greatest value, revealing often family tendencies of insanity, epilepsy, and feeble-mindedness, indirect or collateral. Eleven cases of epilepsy were exempted on history and affidavit, or cross-examination of someone who had witnessed a convulsive seizure. Occasionally it was necessary to examine three or four people as witnesses, but in all cases where epilepsy alone was claimed, it proved to be possible to satisfy the examining board of its existence. Affidavits of physicians were, on the whole, very helpful, and there was very little evidence of any improper use of them.

The neurasthenic and psychasthenic cases were a problem, and in contrast to the undesirability of the manic depressives. The neurasthenics gave promise of much benefit, if not cure from the training. Those that were distinctly, but mildly, neurasthenic were accepted, and the depressed and psychasthenic type, as well as the hystero-neurasthenics, were rejected or given temporary exemption. Several of the mild manic depressives were provided by physicians with affidavits that they were neurasthenics. One homo-sexual was released for the good of the cause.

Of the 574 men re-examined, 55.4% were granted exemption, 7.8% were granted temporary exemption, and 36.7% were denied exemption.

Of the 318 rejections 275 were rejected on the diagnosis, after examination by the Board, which coincided with their claims. Of the remaining, 47 were rejected for other causes than those claimed. In all of these cases unsuspected conditions were uncovered as the result of the Board's examination. Of the 211 whose claims were denied 164 were found to be within the normal range, or to have made what was considered a normal recovery from their disability. The remainder numbering 47 complained of conditions not in the least disqualifying. Conditions which existed as described by them or expressly included in the Government regulations as not disqualifying. A tabulation of those variations that were within the normal range but might have been disqualifying is added.

The causes of rejection in the larger groups were as follows:

Pulmonary Tuberculosis	30
Epilepsy	11
Chronic Bronchial Asthma	15
Defective Vision	62
Flat Feet	22
Heart Affections	32
Nephritis	11
Joint Affections	14
Varicose Veins	5
Physically below normal	
Under weight	
" height	
Malnutrition	33
Defective Teeth	7
Bad Ears	17
Hernia	5
Spinal Diseases	7
Mental Disease	11
Obesity	5
Venereal Disease	9

The remainder represent many common conditions, such as furunculosis, hemorrhoids, rheumatism, skin affections, etc.

There were five malingerers. These were all men who wished to escape draft, and made a poor showing of any disqualifying conditions.

A tabulated list is appended covering all cases.

A result of medical re-examination was the rejection of men who would have been otherwise sent to a mobilization camp, there to be discharged, thus saving many from the hardship of loss of position or loss of a business. A second result was the saving to the government of the cost of transportation, feeding, housing and clothing men until their discharge from a mobilization camp.

In addition, many of the men examined who complained of minor troubles were advised to place themselves under the care of their regular physician for the treatment of the more serious affections which we discovered.

If we may gather anything of value from the work in connection with the first draft to guide us in our future efforts, it seems that endeavor should be made in the following directions:

1. To avoid haste in examination.
2. To become thoroughly familiar with physical requirements of the army.
3. To take histories and keep records of all cases.
4. To satisfy the drafted man by thoroughness of examination and kindly treatment.

It is regrettable that the vast amount of work accomplished by medical examiners during the first draft will prove of little value, statistically or otherwise, owing to lack of proper provision for taking and preserving of histories and records. Of course, the situation, entirely new and so great in scope as to reach every section of the country and all classes of the people, was precipitated so hurriedly as to render impossible gathering of medical data.

The value of the action of the conference of District Exemption Boards of California in providing for expert re-examination of cases appealing on grounds of physical disability, has been established by the action of the Federal authorities in redistricting the whole country and appointing special boards for each district to continue this work.

It is to be hoped that we may profit by our experience, and that the second draft examinations may be conducted with care and deliberation, and generally under such improved methods that the rich field about to be explored may yield a wealth of information which will, undoubtedly, prove of inestimable value in enabling us to attain a realiza-

tion of our ideal in medicine, the prevention of disease.

TABLE II.

DEFECT COMPLAINED OF BUT NOT DISQUALIFYING.

	Claimed as Primary Cause	Secondary	Total
Defective Vision	13	8	21
Defective Hearing	5		5
Defective Teeth	2	3	5
Throat and Nasal Trouble	5	6	11
Fallen Arches	7	11	18
Backache	2	2	4
Injury	15	7	22
Spinal Trouble	5		5
Physically Unfit	17		17
Underweight	2	1	3
Hernia	11	3	14
Neurasthenia	7	2	9
Torticollis		1	1
Fractured Skull	4		4
Enuresis	1		1
Moron	1		1
Epilepsy		1	1
Insanity		1	1
Vertigo	1		1
St. Vitus Dance	1		1
Tuberculosis	9	2	11
Asthma	1	1	2
Bronchitis		1	1
Varicocele	2		2
Kidney Disease	4	4	8
Syphilis	2		2
Chronic Urethritis	2		2
Undescended Testicle	1		1
Varicose Veins	2	1	3
Heart Trouble	18	2	20
Hemorrhoids	3	4	7
Chronic Rheumatism	2	6	8
Chronic Malaria	1		1
Mucous Colitis	1		1
Chronic Appendix	4	2	6
Post-Operative condition of Bowel	1	1	2
Fistula	3	1	4
Stomach Trouble	4	3	7
Failed to appear	2		2
Liver	1	2	3
Convalescence	1		1
Skin Disease		1	1
Pregnancy of Wife	2		2
Physically unfit	47		47
	211	78	289

There were 5 malingerers whose claims were as follows:

Blood Disease	1
Gonorrheal Rheumatism	1
Chronic Stomach Trouble and Rheumatism	1
Chronic Ear Disease	1
Crippled left leg, disease of Heart & Lungs	1
	5

REPORT OF MEDICAL ADVISORY BOARD ON MEN RE-EXAMINED ON PHYSICAL DISABILITY CLAIMS FOR DISTRICT BOARD, DIVISION ONE, NORTHERN CALIFORNIA.

TABLE I.

1. Number exempted	318
2. Number granted temporary exemption	45
3. Number denied exemption	211
Total	574

Causes of Rejection and Temporary Exemption.

Adenitis (cervical)	1
Adhesions (intestinal, p. o.)	1
Appendicitis (chronic)	2
Amputations (fingers, recent)	2
Arteriosclerosis	1
Arthritis (traumatic), 1 temp. ex	4
Asthma (chronic bronchial)	15
Atrophy (muscles left leg)	1
Bladder (post op. incontinence)	1
Bubonocele	1
Bronchitis, temp. exemp	1
Catarrh (nasal), temp. exemp	1
Cysts (prostatic)	1
Diabetes	2
Diarrhoea (chronic)	1
Epilepsy	11
Emphysema (pulmonary)	1
Ears, defective hearing	8
otitis media chr	9
Eyes, defective vision	62
Feet (injury to), 2 temp ex	2
(flat foot), 1 temp. ex	22
(deformity of)	4
Fistula (ano-rectal)	1
Fractures (with deformity), 1 temp. ex	4
(of skull, old)	3
Furunculosis, 2 temp. ex	2
Gastric Ulcer	2
Gonorrhoea, 5 temp. ex	5
Epulis	1
Heart (valvular lesions)	24
(tachycardia), 2 temp. ex	4
(muscular insufficiency, weak heart)	4
Varicose Veins (lower extremities), 1 temp. ex.	6
Hyperthyroidism	1
Hemorrhoids, 1 temp. ex	1
Hernia (inguinal), 1 temp. ex	4
(ventral)	1
Kidneys (chronic nephritis)	6
(stone)	1
(loss of one kidney)	2
Joints (ankles, deformed)	2
(ankylosis)	9
(injury), 2 temp. ex	3
Mastoiditis	1
Mental Disease	11
Mucous Colitis, 1 temp. ex	1
Nervous System (defective)	1
Neurasthenia	4
Obesity	5
Physically Unfit (malnutrition, 4 temp. ex	14
(underweight)	16
(underheight)	3
Pleuritis, 1 temp. ex	1
Phlebitis, 1 temp. ex	1
Paralysis (congenital, arms)	1
Rheumatism (chronic artic.)	1
Skin (acne, psoriasis), 2 temp. exemp	2
Sarcoma	1
Sex Abnormalities	1
Spine (curvature of)	7
Syphilis (active lesions)	4
Throat (sore throat), 2 temp. ex	2
Defective Teeth	7
Testes (orchitis), 3 temp. ex	4
Tuberculosis	30
Typhoid Convalescence	2

VENEREAL DISEASE CONTROL BY BOARD OF HEALTH OF SAN FRANCISCO.*

By JOHN A. SPERRY, M. D., San Francisco.

On August 10, 1917, Secretary of War Newton D. Baker communicated with the mayors of the cities and the sheriffs of the counties, in the neighborhood of all military camps, and said, in part:

"The War Department will not tolerate the existence of any restricted district within the effective radius of the camp. Experience has proved that such districts, in the vicinity of army camps, no matter how conducted, are, inevitably, attended by unhappy consequences. The only practical policy which presents itself in relation to this problem, is the policy of absolute repression; and I am confident that, in taking this course, the War Department has placed itself in line with the best thought and practise which modern police experience has developed. This policy involves, of course, constant vigilance on the part of the police, not only in eliminating regular houses of prostitution, but in checking the more or less clandestine class which

* Read before the San Francisco County Medical Society, January 15, 1918.

walks the streets and is apt to frequent lodging houses and hotels."

This, I think, is a clear expression of the attitude of the government toward the question under discussion. It may be interesting to give you some of the expressions and opinions of various men who have made life studies of the question of prostitution and the prevention of venereal diseases, before we take up the local situation.

Quoting from the introduction to the Report of the International Congress of Medicine, in London, August, 1913:

"The seventeenth International Medical Congress, held in London, in August, 1913, brought together 8,000 doctors, representing all civilized nations. A joint session of the Dermatology Section and the Forensic Medicine Section was held at the Albert Hall on August 9th to consider the question of 'Syphilis; Its Dangers to the Community and the Question of State Control.'

"The discussion was noteworthy for two reasons: First, because this great representative gathering of the medical profession was practically unanimous in admitting that the policy of regulation of prostitution is a hygienic failure and ought to be abandoned; second, because of the recognition by all the speakers that the question is one of great complexity, and that it cannot be solved by medical considerations alone.

"There was substantial agreement on the following points:

"1. That early and adequate treatment of the diseased is a most important means of prophylaxis and that there ought to be systematic provision for the diagnosis and treatment of all cases, without distinction of sex, station, or character.

"2. That there is urgent need for a fuller recognition by the medical profession and the public of the dangers of disease and of individual responsibility in regard to it.

"3. That side by side with these measures there must be others of an ethical and social character, including the suppression of commercialized vice, the protection of the young and the feeble-minded, and the inculcation of a higher moral standard.

"On other points there was considerable diversity of opinion, notably on the question of compulsory notification of disease."

Professor Blaschko, of Berlin, one of the foremost authorities in Europe, in his paper on "Syphilis, Its Dangers to the Community, and the Question of State Control," among other things, has this to say:

"In no country has regulation appreciably diminished sexual disease. The permanent diminution of disease in the English army since the abolition of the C. D. Acts has shown that this abolition has not had the effect of causing an increase in Great Britain; moreover, the Norwegian doctors, including those who formerly advocated regulation and who feared the worst results from its abolition in their country, are agreed that these results have not occurred."

"Several penal codes have special provisions in regard to actual or possible transmission of venereal disease. The laws of Oldenburg (1814, Art. 387), Denmark (1866, Sec. 181) and Norway (Sec. 155) punish a person suffering from venereal disease who indulges in sexual intercourse."

Professor Gaucher, who holds the principal chair of Syphilography, in Paris, in his address says: "I do not hesitate to declare publicly that regulation is iniquitous, illegal, inefficacious and positively harmful."

Flexner, who has been two years in Europe, at the instance of the Bureau of Social Hygiene of New York City, for the purpose of studying prostitution in Europe, says "that segregated districts, in which prostitutes are confined, exist nowhere in Europe, and are nowhere considered desirable or feasible."

The casual observer does not stop to consider what the money cost of prostitution is. Dr. Rosenstirn tells me that there were fifteen hundred prostitutes registered in the Municipal Clinic during its existence. The conservative estimate of the gross earnings per week, per woman, is $50. This means $300,000 per month; or $3,600,000 per year, in San Francisco, as the initial cost of commercialized prostitution in as far as the woman herself is concerned; to say nothing of the large amount spent on alcohol, which is the important adjunct and the one factor above all others which keeps alive the system. This applies to commercialized vice alone and does not touch the clandestine class which is, also, a large item.

Loesch estimates that between three hundred and five hundred million marks are spent in prostitution in Germany yearly. The entire educational system, including universities, secondary schools, elementary schools, technical and professional institutions cost in 1909 something less than two hundred million marks.

These figures are not used for argument, but as a matter of interest to those who have given the subject casual consideration.

The present work in connection with venereal diseases in San Francisco, began as a result of the handling of the question by the State Council of Defense, under the authority of the Council of National Defense. They, in turn, communicated with the County Councils of Defense; and thus it was brought to the attention of each county. A preliminary meeting was held in San Francisco, Dr. Sawyer, Secretary of the State Board of Health and Dr. Hassler, City Health Officer, being present. At this time it was suggested that the State be divided into three sections; one south of the Tehachapi; one central in Sacramento; and one coast section, with meetings to be held in San Francisco; the personnel of these meetings to consist of the Health Officers of the cities in the counties, the County Health Officer, the Sheriff of the county, Chief of Police of a city, the District Attorney, the Mayor and the Supervisors, if the same could attend, and representatives from the Army and Navy.

It was recommended to Governor Stephens on August 13th by the Military Welfare Commission that a Bureau of Venereal Diseases be established under the State Board of Health and that $60,000 be appropriated from war emergency funds for its support during the next two years. The delegation which laid the plan before the Governor included Mr. Warren Olney, Jr., and Dr. Milbark Johnson of the State Military Welfare Commission, Colonel Lynch of the United States Army, Lieutenant James E. Miller of the United States Navy, and Drs. George E. Ebright and Wilbur A. Sawyer of the State Board of Health. The plan met with the hearty approval of the Governor and work has been begun.

At the conference held in San Francisco the Mayor and Supervisors assured the State, Army and Navy authorities that this city would immediately begin work of suppression of prostitution

and that they would establish a special venereal ward in the San Francisco Hospital. The Health Officer was authorized to inform the Board of Health that they should immediately proceed with this plan. The Chief of Police appointed a special moral squad to work with Army and Navy authorities in apprehending women engaged in prostitution.

During the latter part of August, 1917, active measures were begun. The Police Department appointed Lieutenant Goff as chief of the morals squad, and gave him orders to suppress all houses of prostitution, to arrest all street walkers or others found soliciting on the streets, and to bring all women arrested on charges involving prostitution before examining physicians of the Board of Health for the purpose of determining whether they were venereally diseased.

As above mentioned a ward was set aside in the San Francisco Hospital where cases needing treatment were confined and kept until deemed non-infectious. In the beginning Dr. O'Neill, City Physician, was burdened with this work in addition to his regular duties. It was soon found that it would be necessary to have one man devote all his time to the work.

I undertook it on the first of October, 1917, for the months of October and November. After numerous conferences at which were present Dr. Hassler, Dr. Brodrick, Dr. Sawyer, Dr. Irvine, members of the Board of Health, representatives from the Army and others interested in the subject, the following regulations were agreed upon and put into force:

1. All acute clinical cases, i. e., cases showing evidences of open lesions either of gonorrhea, syphilis or chancroid, and all cases of gonorrhea which do not show the acute clinical lesion but in which the laboratory findings are positive for gonococci shall be immediately sent to the San Francisco Hospital for official isolation, care and treatment. No deviation from this rule shall be permitted excepting upon the approval of the Health Officer.

2. Cases showing no acute lesions shall be treated as follows:

(a) Syphilis. These cases in which laboratory findings show positive Wassermanns may receive treatment at the hands of a reputable private physician or clinic approved by the Health Department, provided the necessary form of agreement shall be properly signed by both patient and attending physician or clinic.

(b) Cases which are under the care of a private physician, or clinic, as set forth in "a" shall be required to report in person to the examining physician of the Health Department within four days after signing the above agreement, bringing a written report from the attending physician stating the treatment administered, and thereafter once each month or oftener if required. Before such patient shall be finally discharged as cured, the final examination and approval of the examining physician of the Health Department must be secured.

(Note: All blood tests upon which the evidence of discharge shall be based must be made in the laboratory of the Department of Health.)

(c) Patients suffering from syphilis who are unable to, or do not, secure the services of a private physician or clinic, and any case which refuses to conform to these regulations shall be subject to quarantine and treatment at the discretion of the Health Officer or his official representative.

An effort was made, as far as possible, to treat the infectious cases in the San Francisco Hospital until they were germ-free on two or more consecutive examinations; or if they were syphilitic, until the danger of communicating the infection was past. In addition, when these patients left the hospital, they were required to sign an agreement by which they were to report to the examining physician of the Board of Health within four days after leaving the hospital; to place themselves under the care of a private physician, or clinic, for further treatment, and agree to discontinue the practice of prostitution while under the control of the Board of Health. Later the courts asked that they be returned to them and they were let out on probation while under the control of the Board of Health.

A card index system was instituted; and cards such as these were used. As soon as disease was found in any individual, it was indicated on the card by a small red metal tag being attached to the top thereof, thus making the diseased individual easily identified.

During the month of October a very lenient attitude was taken by the Police Court in regard to the repressive measures; no fines or jail sentences being imposed, except in the last day or two of the month, when a new regime was about to be inaugurated. Some women were arrested as many as three or four times in one night, and if not diseased were always dismissed. Repression at this time was a joke.

During this month there were 497 women defendants in the Women's Court, of whom 390 were arrested on charges involving prostitution. Bail in these cases was nominal; usually being fixed at $5.00. Under this system about 20 per cent. of those women ordered to appear before the Board of Health for examination failed to do so. It is reasonable to believe that the women who were diseased, and who realized that fact, were probably the ones who jumped the $5.00 bail, and took themselves with their disease to other localities.

In the latter part of October another conference was held for the purpose of trying to devise means by which this avoidance of examination could be remedied. Two of the police judges were present. The following recommendations growing out of this meeting were presented to the police judges and subscribed to by all of them:

1. That all persons arrested for the first time on charges of vagrancy, prostitution, etc., shall be placed under a bail of $1000.00 for the reason that our records show upward of 20 per cent. of these cases if put on a small bail fail to report to the court and leave town or change their residence and remain free for some time and the small bail is forfeited. Further that it is our opinion, based on experience, that these are in all probability infected individuals desirous of escaping examination.

2. Any individual proven diseased, who has been allowed liberty after arrest and again found practicing prostitution, shall be put under a heavy bail on her subsequent arrest in order to allow the Medical Examiner to present evidence in court to the end that the case may be properly dealt with.

3. All syphilitics allowed treatment by private physicians, who fail to comply with the regulations and agreements and continue the practice of prostitution shall be considered a public menace and

when re-arrested, we recommend shall receive light jail sentences.

4. All cases of gonorrhea which have been paroled following treatment at the San Francisco Hospital or allowed liberty while under the care of a private physician and who have not received final discharge from the Department of Health, if caught practicing prostitution, we recommend shall receive severe punishment, as we feel these cases are a particular menace to the community.

About this time the Government sent a representative to the police judges strenuously urging that they adopt strong repressive measures, imposing, if necessary, jail sentences on all offenders, the end in view being to close the houses of prostitution and drive the street walkers off the streets.

The Government's insistance was so strong that the police judges agreed to enter into an active campaign of repression. In the beginning of November active repressive measures were inaugurated together with the high bail for all new cases and those re-arrested who had broken their agreements. During November a number of women who were persistent offenders, and others who were found with sailors and soldiers were sent to the county jail for terms varying from twenty days to six months.

At the same time rehabilitation measures were inaugurated and in nearly all instances of first arrest suspended sentences were given, provided the individuals agreed to adopt some form of legitimate work and report regularly to the rehabilitation officer, who secured positions for them.

During November seven girls found homes and respectable employment through Mrs. Evans of the Y. W. C. A. who is conducting as best she can a rehabilitation bureau. Mrs. Evans is doing splendid work in this direction, but she has not the time nor funds at her disposal to accomplish in full what can be done. I believe there is an urgent necessity for the further equipment and organization of this part of the work. There are a certain number of these unfortunates who will with some encouragement be only too glad to escape from their surroundings. This number is small but by all means worth helping.

It is interesting to note that in November as a result of strong repressive measures there were only 172 women defendants arrested on charges involving prostitution, as against 390 in October when repressive measures were not enforced.

All women arrested for the first time on charges of prostitution were turned over to the Health Department for examination. Those unable to give bail were held in the city prison until the afternoon when they were sent to the examining officers of the Board of Health, located in the city jail No. 2. Those allowed out on bail were instructed to report at a given hour at the same place. A careful smear was made from the Bartholin glands, meatus, and the cervix. These examinations for gonorrhea were repeated every week if the woman was re-arrested in that time. Wassermann tests were made from each new patient and repeated every three months if again arrested after the lapse of that time. Women taking private treatment were compelled to take treatment for three months before the second Wassermann was taken.

In October, 1917, 145 new cases were examined and sixty-seven re-examinations were made, making a total for that month of 212 examinations. About twenty per cent. ordered to report for examination failed to do so. Had they all reported the approximate numbers of examinations for the month would have been about 260.

In November, after repression was inaugurated, there were 94 new cases examined as compared with 145 in October, and fifteen old cases re-examined as compared with sixty-seven in October. A total number of 109 examinations in November as against 260 ordered to report for examination in October. Under the new high bail order all cases without exception reported in November. Thus we see that repression reduced the figures in one month from 260 ordered for examination in the previous month to 109 examined in the month after repression was inaugurated.

Forty cases were sent to the hospital in October and twenty-one in November. Out of the 239 new cases examined in October and November, thirty-two had gonorrhea, sixty-five showed positive Wassermanns, and fifteen had both gonorrhea and positive Wassermanns. Thus laboratory evidence of disease was found in 112 out of 239 examined or 45.9 per cent. Forty-seven showed active gonorrhea, a percentage of 19.2 per cent. Most of these were chronic cases, it being rare to find an acute gonorrhea. There were a large number with pus or muco-purulent discharges from the Bartholin or Skenes glands in which in spite of repeated examinations no gonococci were found. No record was kept unfortunately of the number of cases in which healed lesions or evidence of quiescent gonorrhea was found, such as scars of old abscesses, indurated, enlarged and cystic Bartholin glands etc. but I think a conservative estimate would fix the number of cases showing such evidence of old infection at fully 80 per cent.

On re-examination gonorrhea was found in four cases at the second examination, and three cases at the third examination. These were all chronic cases, apparently not acquiring their infection between examinations. These seven cases were not included in the percentages above, as they are the result of eighty-two re-examinations, many of the women being examined as many as four times in four weeks. These seven cases added to the forty-seven found on the first examination brought the total number of cases of gonorrhea encountered up to fifty-four. Of these fifty-four cases gonococci were found in the cervix, in thirty-two instances an incidence of 57.6 per cent. of cervical infections, in the meatus in eighteen cases an incidence of 32.4 per cent; in the Bartholin glands, in eight cases an incidence of 14.6 per cent. In eleven cases slides were positive from two foci an incidence of 19.8 per cent. in more than one focus.

Small cotton swabs were used in making smears in preference to a platinum loop. In the cervical examinations swabs were introduced into the cervical canal about one-half inch and turned several times to swab off mucus deposits and thus come in contact with the deeper layers of the mucosa.

Dr. Agnes Walker of the City Board of Health

Laboratory did all the laboratory work in October. In November a bacteriologist was present in the examining room every afternoon and examined the smears as they were made Dr. Walker continuing to do the Wassermanns.

In the 239 new cases for the two months eighty showed positive Wassermann or Gradwohl reactions a percentage of 32.8. Of these 25.8 per cent. were x x x; 4.1 per cent. were x x, and 2.8 per cent. were x. Only one case showed skin lesions and one case a suggestive throat lesion. The case showing the skin lesions had taken salvarsan and mercury; the lesions were rapidly disappearing and her Wassermann was negative. The physical examinations had necessarily to be casual and consisted for the most part in the inspection of the genitalia, mouth and throat and, in suspicious cases, looking for lesions on the body.

Many of the women gave voluntary information of having received syphilitic treatment previously. In most of these the Wassermann was negative.

I think that the rarity of the open lesion and the comparatively small number of active gonorrheas are due to several factors; first the great majority engaged in prostitution acquire their infection at an early age, while they are more or less clandestine in their activities; by the time they engage in open commercialized prostitution they have taken active treatment and the open lesion and active manifestation of disease have disappeared. This is borne out by statistics gathered from the regulated clinics in Munich, by Flexner. Of 2686 clendestine prostitutes arrested and examined there, 711 were found diseased. Of these 326 or over 50 per cent. were minors. Out of eighty-eight cases of minors under eighteen years of age arrested on charges of clandestine prostitution, 55 per cent. of those of fifteen years of age were infected; 61 per cent. of those sixteen years old; aand 67 per cent. of those seventeen years old. Numerous statistics gathered from other clinics show about the same result. I think also another reason is that most of the lower types of prostitutes who are more liable to infection have been driven out of the business in this locality at least. During the two months not a single chancroidal infection was observed. All took douches who had opportunity to prepare themselves against examination.

In regard to the effect of suppressive measures the time has been too short to draw definite conclusion. I am told by Lieutenant Goff that soliciting on the streets is comparatively rare. From the arrests made in November I can corroborate this, as during that month very few of the habitual street walkers, who were so numerous in October, were arrested.

I know that the results of the campaign have also been shown in the records of the Army and Navy Stations in this district, there being a marked decrease of new cases of venereal disease admitted from this district and a decrease in the number of prophylactic treatments given to almost 50 per cent., showing that there have been fewer exposures. That there is urgent need for venereal prophylaxis in our armies is unquestionably true. Dr. Finney, who is in charge of the whole surgical service of the American Army in France, in a recent communication, states that venereal disease among the troops is the biggest health problem that we have to face. Dr. Wm. H. Welch of Baltimore, who returned from the fighting front a year ago, said in a speech in Baltimore that the ravages of gonorrhea and syphilis among the troops was frightful and almost unbelievable. There are instances reported of more than 30 per cent. of certain units in training being rendered unfit before they reach the fighting line. Venereal disease in Paris has increased to 30 per cent. in the civilian population, according to Gaucher. It was stated, by good authority, at one of the conferences held in regard to this subject that up to October of last year 1,200,000 French soldiers had been diseased.

I shall not attempt to enter upon a discussion of the moral side of this question, the object of this paper being to put before you the measures being taken by the city for the control and prevention of venereal disease. I think it would be well for us to realize that the present measures are war measures; that this attempt to control venereal infection is not the sporadic outburst of overenthusiastic reformers, but the well thought out plan of the government of a nation at war, applied alike to all sections of the country where there are encampments. That the Government has adopted these plans only after due investigation and consultation with those whose opinions are worth while, goes without saying. My personal feeling is that whatever our private opinions may be in regard to the abolition of restricted districts that it is up to us to put them aside if our opinions are contrary to the wishes of the Government, and to co-operate loyally and wholeheartedly.

Dr. Hassler, who has charge of the work, has been most kind and considerate and has displayed great patience and forbearance throughout. Dr. Brodrick has taken a keen interest in the hospital treatment of these cases, and has cooperated enthusiastically as well in other phases of the matter. Dr. Stevens, who has carried on the work since December, has very courteously allowed me access to his records. Dr. Irvine, in charge of the State Bureau for Venereal Diseases, has given me access to the literature in his office and helped me in other ways. To all of these gentlemen I wish to render thanks.

(Copy.)

H. G. Irvine, January 11, 1918.
512 Underwood Bldg.,
San Francisco.

The Government appreciates your work in California which has been of inestimable value not only to Surgeon General, but to law enforcement of War Department. Hope work will continue there with unabated vigor during your absence in Minnesota. California program widely influential in other States.

(Major) W. F. SNOW,
Surgeon General's Office.

(Copy.)

Warren Olney, Jr., January 11, 1918.
Chairman California Welfare Commission,
Merchants' Exchange Bldg.,
San Francisco.

Joint accomplishments of California Military Welfare Commission and State Bureau for which

you secured appropriation have hereby approval of Secretary Baker. California plan being adopted by other States. Continued co-operation of your Commission and State Bureau of Venereal Diseases necessary for protection of present and future enlisted men in California.

By order of the Secretary of War.

RAYMOND B. FOSDICK,
Charge War Department Commission on Training Camp Activities.

NON-BEVERAGE ALCOHOL.

By FELIX LENGFELD, Ph. D., San Francisco.

The Food Conservation Act practically prohibits the distillation of alcohol for beverage purposes after September 9th, 1917. The War Revenue Act imposes a higher tax on beverage than on non-beverage alcohol. To carry out these provisions the Treasury Department has issued regulations which affect the physician who uses alcohol for scientific or medicinal purposes. Nobody can buy or sell, obtain or give away, unmodified non-beverage alcohol without first obtaining a permit from the Collector of Internal Revenue. This prohibition is absolute. It applies to the physician and to the physician's prescription. The pharmacist has no discretion in this matter. He is not allowed to sell alcohol unless it first be modified in accordance with one of ten formulae sent out by the Department. The simplest of these is formaldehyde .4%, or carbolic acid 1%, or mercury bichloride 1/20%. Formaldehyde has been generally adopted and most druggists are now sending out alcohol modified by the addition of .4% formaldehyde.

Physicians' prescriptions containing straight alcohol may be filled if there is a sufficient quantity of medicinal ingredient to make the finished mixture unfit for use as a beverage. The prescription must be bona fide. If the physician desires to obtain straight alcohol he can either get a permit from the Collector of Internal Revenue, or he may, at the present time, purchase from a liquor dealer alcohol which was distilled prior to September 9th, and on which the higher tax was paid. The supply of such alcohol is extremely limited and will, undoubtedly, be exhausted in a very short time. It is rather more expensive than non-beverage alcohol, and its sale is practically forbidden the pharmacist who holds a permit for non-beverage alcohol. At best, the relief from this source is temporary.

To get a permit the physician must fill out a form of application which he must obtain from the Collector of Internal Revenue, and must file a bond in the sum of approximately $6.00 for each gallon of alcohol he is liable to have in his possession. This bond may be as small as the physician desires, but for ordinary purposes a bond of $50 would be required. This bond may be issued by a Surety Company, which will charge $5.00 a year, or it may be a personal bond secured by deposition with the Collector of Internal Revenue of United States bonds for at least $50. A practical way seems to be to deposit a $50.00 Liberty Bond. The physician will, of course, get the interest on this and when he surrenders his permit he will have the bond returned to him. There are, perhaps, other ways, but they at present are not practicable.

The permit costs nothing, is good indefinitely and must be posted somewhere in the physician's office.

Having obtained the permit, the physician can buy non-beverage alcohol by filling out an order blank in triplicate and signing all three copies. One of these will be returned to him to be filed, one sent to the Collector of Internal Revenue, and one kept by the dealer making the sale. The physician will not be allowed to do as he pleases with this alcohol, but must use it entirely for the purpose specified in his application. He cannot use it for household purposes, but probably will be permitted to leave a small quantity with a nurse to be used on a patient if he considers it absolutely necessary. He will probably not be permitted to leave any with a patient unless the nurse acts as his agent, and he will be responsible for the agent.

The layman can purchase beverage alcohol distilled prior to September 9th, from his liquor dealer, but when this stock is exhausted there is no way by which the layman can obtain unmodified alcohol excepting that left with the nurse.

There seems to be a question as to whether the use of a small quantity of formaldehyde in alcohol intended for rubbing, is injurious. If the medical profession should decide that it is injurious and that there are cases when an alcohol rub is essential, some means should be found by which the physician can prescribe straight non-beverage alcohol, for straight beverage alcohol will soon be entirely off the market. If the medical profession takes this view, there is no doubt but that the Treasury Department will issue regulations to that end. It therefore behooves the various medical societies to thrash out the matter and get a decision.

Original Articles

HODGKIN'S DISEASE AND ITS TREATMENT, WITH A REPORT OF CASES.*

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Hodgkin's disease presents a therapeutic problem which is as yet unsolved and will, in all probability, so remain until its etiology is definitely established. The discussion of this subject has been continuous since the recognition of the disease, but the results are far from satisfactory.

Wilks[1] in his second paper concluded that, "Whether the disease be a constitutional one, or whether the system be infected from a local source is a question to be answered only in connection with numerous other maladies, as cancer, lardaceous disease, pyaemia, etc. The generally accepted doctrine has been that an affection like the present must be constitutional, but modern research would quite approve of a theory which should make it commence in one part of the lymphatic system and from this as a source of contamination be propagated through the body." For twenty years following this statement, although there were some advocating the infectious nature of the disease and others its neoplastic nature, the majority held that it was a constitutional disurbance.

* Read before the Forty-sixth annual meeting of the Medical Society, State of California, Coronado, April, 1917.

1. Wilks, S.: Guy's Hosp. Rep., 1865, XI, 56.

However, the reports of Delafield,[2] Sternberg,[3] and others seemed to establish its infectious nature by apparently demonstrating the tubercle bacillus as the causative agent. This belief was eventually upset by Clark,[4] and Reed,[5] in 1902, both of whom, although denying the tuberculous origin of the disease, maintained on clinical and pathological grounds that it was a chronic inflammatory process of unknown cause. Reed's work was also of tremendous value in rescuing Hodgkin's disease from the confusion and uncertainty at that time pervading the entire question of lymph gland enlargement and in establishing it as a definite clinical and pathological entity. The confirmatory reports from Longcope,[6] MacCallum,[7] Simons[8] and others, seemed to settle this question and left only the infecting agent to be discovered.

From time to time, various organisms have been described in Hodgkin's disease, but all have failed of final proof. At present, claims are being made for a pleomorphic, gram-positive, non-acid-fast, diphtheroid bacillus, which has been found in the glands in a number of cases. Fraenkel and Much,[9] in 1910, first reported an organism apparently of this type, which they were able to recognize in the stained smears from the residue of glands digested with antiformin. No cultures were obtained. They considered the organism either a special form of the tubercle bacillus, or one related to the group of tubercle bacillus.

In 1913, Negri and Mieremet[10] reported having cultured from the glands of two cases, an organism of the diphtheria group agreeing morphologically with the forms described by Fraenkel and Much. Independently and almost simultaneously, Bunting and Yates[11] reported the successful culture from the glands of six cases of a pleomorphic non-acid-fast, gram-positive diphtheroid organism. Later[12] in the same year, they reported the occurrence of glandular enlargements in monkeys following the subcutaneous injection of pure cultures of this organism and the recovery of the organism in pure cultures from these enlarged glands. The histological picture presented by these glands was stated to resemble that seen in human Hodgkin's. On this evidence they felt justified in naming the organism "Bacillus Hodgkini," and in presenting it as the cause of Hodgkin's disease.

Billings and Rosenow[13] almost immediately confirmed Bunting and Yates by reporting positive cultures in a series of 12 cases and recommended in no uncertain terms the therapeutic use of a vaccine prepared from these cultures.

2. Delafield: Med. Rec., N. Y. 1887. I, 424.
3. Stemberg: Zeitschr. f. Heilk. 1898, XIX, 21. Centralbl. f. d. Grenzgeb. d. Med. & Chir. 1899, II, 641; 911; 770; 813; 847.
4. Clarke: Brit. M. J. 1901, II, 701.
5. Reed: Johns Hopkins Hosp. Rep. 1902, X, 133.
6. Longcope: Bull. Ayer Clin. Lab. Penn. Hosp. 1903, I, 4.
7. MacCallum: Tr. Ass. Am. Physicians. 1907, 350.
8. Simmons, C. C.: J. Med. Research, 1903, IV, 378.
9. Fraenkel & Much: Zeitschr. f. Hyg. u. Infectionskrankh. 1910, LXVII, 159.
10. Negri & Mieremet: Central bl. f. Bakteriol. 1913, LXVIII, 292.
11. Bunting & Yates: Arch. Int. Med. 1913, XII, 236.
12. Bunting & Yates: J. Am. M. Ass. 1913, LXI, 1803.
13. Billings & Rosenow: J. Am. M. Asso. 1913, LXI, 2122.

With these and other reports,[14] it was definitely established that diphtheroid organisms could be grown from the glands of Hodgkin's disease in at least a large percentage of cases. Further studies[15] however, demonstrated the presence of a similar organism in the lymphatic glands in other conditions both normal and abnormal. To meet these later findings, Yates[16] has expanded his vision to include in one great group, lymphatic leukemia, possibly myelogenous leukemia, pseudoleukemia, chloroma, mycosis fungoides, Banti's disease, some forms of lymphosarcoma, certain arthritides and a type of recurrent elephantiasis like cellulitis, all of which he believes result from the activity of the Bacillus Hodgkini (or to similar, but as yet undifferentiated micro-organisms). This is indeed a bold position to assume, as there are many links in the chain of evidence which are as yet missing. However, it is a stimulating working hypothesis.

The evidence in favor of the B. Hodgkini as the causative agent in Hodgkin's may be summarized as follows:

1. Demonstration of the organism in the diseased tissues by staining methods.
2. Cultivation of the organism from the diseased tissues in at least a large percentage of cases.
3. The occurrence of glandular enlargements following the subcutaneous injection of the organism into monkeys.
4. The recovery of the organism from the enlarged glands so produced.
5. The occurrence of similar glandular enlargements in a second monkey following the subcutaneous injection of a pure culture of the organism recovered from the glands of the first monkey.
6. The production, in these injected monkeys, of a blood picture similar to that believed by Bunting and Yates to be characteristic of human Hodgkin's disease.
7. The production in a normal individual of this characteristic blood picture four or five days after the injection of a polyvalent B. Hodgkini vaccine.
8. The cultivation of the organism from the blood of patients during the febrile period.

On the other hand, the evidence against the B. Hodgkini may be summarized as follows:

1. Diphtheroid organisms are widely distributed and may be cultivated from a variety of normal and pathological tissues—Hodgkin's disease, lymphosarcoma, cancer, leukemia, Banti's disease, tuberculosis, simple lymphocytomata, etc.
2. The very frequent occurrence of other organisms in the enlarged glands.
3. The failure of the specific blood reactions with the organism.[17] [18]

14. Ives, George: J. Missouri M. Ass. 1915, XII, 91. Mellon, Ralph, R.: Am. J. M. Sc. 1915, CL, 245.
15. Steele A. C.: Boston M. & S. J. 1914, CLXX, 123. Bloomfield, A. L.: Arch. Int. Med. 1915, XVI, 197. Fox, Herbert: Arch. Int. Med. 1915, XVI, 465. Langford, J. A.: New Orl. M. & S. J. 1915, LXVII, 983. Rhea, L. J.: Canad. M. Ass. J. 1915, V, 768. Rosenow, E. C.: J. Am. M. Ass. 1914, LXIII, 903. Simmons & Judd: J. Am. M. Ass. 1915, LXIV, 1631.
16. Yates: Colorado Med. 1916, XIII, 39.
17. Moore: J. Infect. Dis. 1916, XVIII, 569.
18. Olitsky, P. K.: J. Am. M. Ass. 1915, LXIV, 1134.

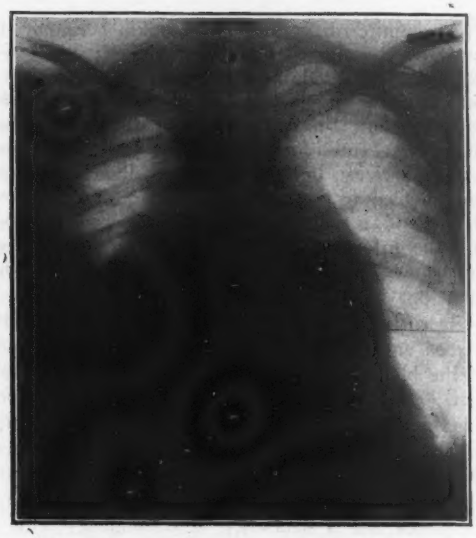

Plate 4. Case VI. January, 1915.
Showing marked mediastinal involvement and left sided pleural effusion.

4. The failure of the vaccines as a therapeutic procedure.

5. The lack of confirmation of the results of animal inoculation.[19]

19. Rhea & Falconer: Arch. Int. Med. 1915, XV, 438

For our present purpose, we need not enter further into this discussion. Considerable work must yet be done to definitely settle the question, but, it now seems probable that the diphtheroid organism is a commonly occurring saphrophite and not the cause of Hodgkin's disease.

Although the majority of authors have followed Reed in considering Hodgkin's a chronic inflammatory process of unknown origin, some have dissented from this view and consider it a true tumor.

Reed and her followers base their belief in the inflammatory nature of the disease on the following evidence:

1. The disease may run an acute or chronic course with periods of remission, irregular fever, sweats, emaciation, secondary anemia, etc.

2. The frequency with which the cervical glands are primarily involved, suggests an infection from the mouth.

3. The manner of extension is from one gland group to adjacent groups.

4. The histological picture seems to resemble a chronic inflammatory process more than a neoplasm.

5. There is an absence of capsular infiltration and infiltration of surrounding tissues.

6. Metastases are not caused by cellular transplantation, but by proliferation of pre-existing lymphoid tissue.

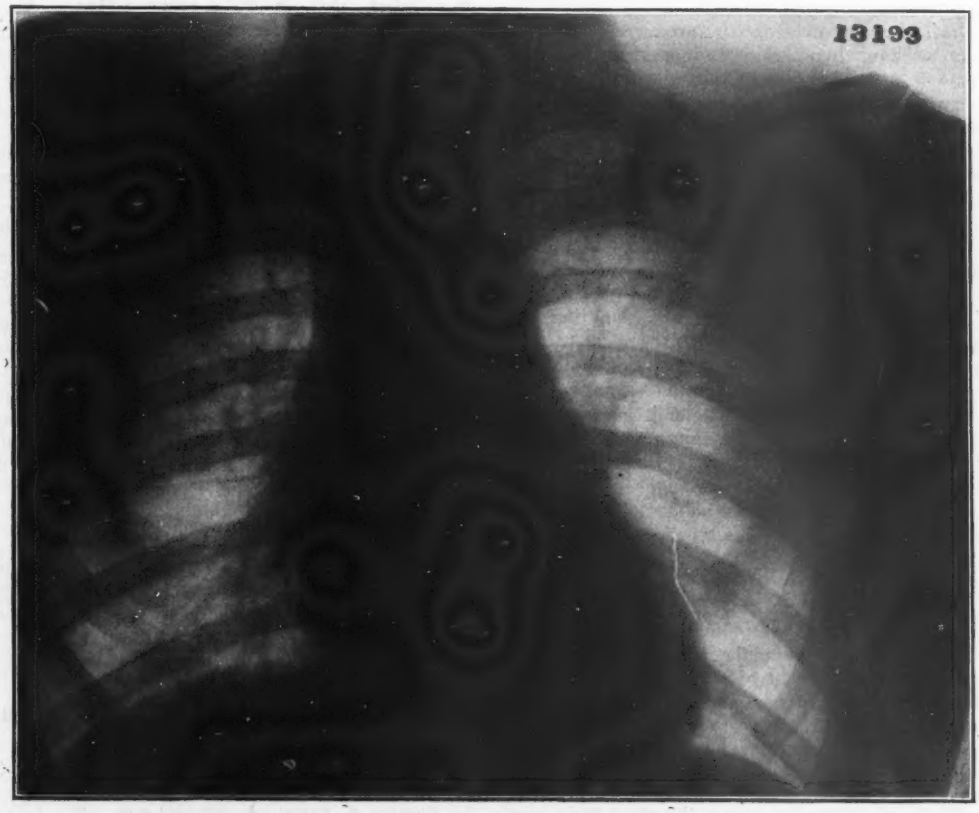

Plate 5. Case VI. February, 1916. After Röntgenotherapy.

Those who advocate the neoplastic nature of the disease do so on the ground that it is "essentially a lawless overgrowth of tissue cells," that it does infiltrate the gland capsule, that it frequently infiltrates other tissues (veins, lung, pleura, bone), that it uniformly tends to recur after operative removal and that it is uniformly fatal.

The evident contradiction regarding the infiltration of capsule and surrounding tissues is only apparent, as all recent authorities admit the occurrence of such infiltration, although some persist in upholding the infectious nature of the process.[20] [21] This question is impossible of final settlement at this time. If we accept Ewing's[22] definition of neoplasms as "all conditions which consist essentially of lawless overgrowth of tissue cells," we must agree with Oliver[23] when he says: "In this light we feel justified in classing Hodgkin's disease with lymphosarcomata and endotheliomata, and to include all as true neoplasms of a sarcomatous type." And, again, recalling Roux's work with chicken sarcoma when he says, "Nor do we admit that a possible future discovery of the causative agent will affect this conception."

The opposing schools have been gradually approaching each other, the one claiming that the process is an infectious granuloma, but possessed of some of the properties considered essential to new growths, the other claiming that it is a new growth, but possibly produced by the action of an infectious or toxic agent.

Until further evidence is produced, I prefer, as a working hypothesis, to consider Hodgkin's disease a neoplasm closely related to the lymphosarcomata and endotheliomata. In each condition, probably in response to chronic irritation either infectious or toxic, there results a lawless overgrowth of all the tissue elements of the gland. In lymphosarcoma, the overgrowth of the lymphoid tissue predominates the picture; in endothelioma the overgrowth of the true endothelium predominates. Hodgkin's lies intermediate between these two extremes.

The ordinary clinical picture of the disease is familiar to all—the painless enlargement of the glands, usually the cervical on one side with progressive extension to neighboring groups, until all the superficial and deep glands are more or less involved, as well as the spleen, and lymphoid tissue elsewhere in the body. These glandular enlargements show none of the signs of active inflammation, are not usually adherent to the skin or deeper tissues, are discrete and moderately firm. As they increase in size, they cause pressure symptoms, varying according to the region involved. In the later stages, irregular temperature and distressing sweats may occur. The disease is progressive, running an acute or chronic course, varying from two months to five years. Death results either from a complicating infection or from gradual wasting.

20. Bunting & Yates: J. Am. M. Ass. 1915, LXIV 1953.
21. MacCallum: Text book of Pathology. 1916.
22. Ewing: J. Med. Research. 1913, XXVIII. 1.
23. Oliver: J. Med. Research. 1913-14, XXIX. n. s. XXIV. 191.

A definite diagnosis of Hodgkin's cannot be made on the clinical findings even in typical cases, but must be based upon the microscopic examination of an excised gland. There are some who advise against this procedure on the ground that such "test" excisions excite the process to increased activity, but, so far as my observations go, the removal of a superficial, discrete, freely movable gland is not attended by any such response and the information thus gained is of the utmost importance and can as yet be obtained in no other way.

Recently, Bunting and Yates[24] [25] [26] [27] have described and insisted upon the diagnostic importance of the blood changes they have noted. They state that "throughout the disease there are two constant features—an increase in blood platelets and an absolute increase in the transitional leucocytes. In regard to the other elements, in early cases there is a transitory increase in lymphocytes and basophiles and a deficiency in eosinophiles with a normal or low neutrophilic count, followed by a gradual decrease in lymphocytes and a moderate eosinophilia. In the latter cases, there is a marked neutrophilic leucocytosis and a diminution in the percentage of all other elements except the transitional leucocyte." These rather slight and changing alterations in the blood picture, they believe, are specific expressions of the activity of the diphtheroid organism, and so positive were they in this belief, that in 1914, they stated, "At the present time a satisfactory blood examination gives the most reliable immediate diagnostic evidence."

Up to the present writing, I am not aware of any change in their attitude, although, as has been stated, Yates now believes that the B. Hodgkini, or an organism as yet undifferentiated, is the causative agent in a number of diseases. As the blood changes are claimed to be specific to the organism, they should be found in all these diseases and, therefore, be of little value in differential diagnosis. It would seem to require more than the ordinary skill and enthusiasm to interpret properly such slight alterations, particularly when we remember that these alterations, except for the platelet increase and the slight absolute increase in transitionals, are constantly changing as the disease progresses. Certainly, until further proof has been advanced, we must continue to base our diagnosis of Hodgkin's disease upon the microscopic examination of the excised gland.

Confronted, then, with a definite diagnosis of Hodgkin's disease, our therapeutic problem is that of handling an essentially malignant, uniformly fatal process in which there is still some insufficient evidence of an infectious origin. All methods of treatment so far advocated have, in the end, proven unsuccessful.

With such a background, it is evident that a

24. Bunting: Johns Hopkins Hosp. Bull. 1911, XXII. 369.
25. Bunting: Johns Hopkins Hosp. Bull. 1914, XXV. 173
26. Bunting & Yates: J. Am. M. Ass. 1915, LXIV. 1953
27. Bunting & Yates: J. Am. M. Ass. 1917, LXVIII. 747.

search for new and for a better application of the old methods must continue.

Prophylactically, whether or not we accept the infectious theory of the disease, there can be no question about the advisability of removing all points of focal infection, and thus relieve the regional glands of this source of irritation.

Therapeutically, as has been said, we are dealing with an essentially malignant process, and as in all malignant processes the only faint ray of hope lies in early diagnosis. However, very few cases are properly diagnosed until the process has become more or less generalized. There are two reasons for this late diagnosis, first, ignorance on the part of the patient; secondly, laxity on the part of the physician. Education is necessary in both instances—for the laity, that they may seek medical advice early for grandular enlargements, and—for the physician, that he may look more critically upon such enlargements and treat those belonging to this type with all the energy and all the means at his command, rather than to assure the patient that, the tumor is not "cancer" and dismiss him with a bottle of Fowler's solution, to watch with increasing concern, the gradual progress of the disease.

What, then, can be done for these patients? As yet, cure seems doubtful, although in a recent study, Bunting and Yates[26 27] report apparent cure (five years without evidence of the disease) in two cases, and encouraging results in others. Their procedure based on their conception of the disease is as follows:

1. "Removal of all foci of infection."
2. "The surgical removal of the major portion of the diseased tissue, when possible."
3. "The destruction of the remaining bacteria by any and every means, especially the Röntgen ray, hygiene and more recently vaccine therapy has been employed."
4. "The conversion into fibrous tissue by hygiene and the Röntgen ray of such irremovable abnormal tissue as cannot undergo resolution."
5. "And, finally, to continue treatment as circumstances seem to indicate until a clinical and röntgenologic examination and a normal blood picture indicate a cure has been of at least a year's duration."

In considering these recommendations more in detail, we agree that the removal of all foci of infection is advisable on general grounds, if not on the grounds of ridding the patient of a specific focus of infection. In this regard, the removal of the tonsils in all primary cervical cases is advised, whether or not they show surface indications of disease.

The surgical removal of the diseased tissue has, in the past, been of no avail, in spite of the most careful and extensive block dissections. However, in the present state of our knowledge, it would seem advisable to undertake radical operations in all cases where the process is limited to one group of glands. With earlier diagnosis and radical operations, cure should be possible, unless the glandular enlargements are neither infectious granulomata, nor neoplasms, but local manifestations of a general systemic (metabolic or otherwise) disturbance.

Following the operation, it has been advised to treat thoroughly the field with tincture of iodine in the hope of destroying any remaining bacteria. Although we are far from certain that there are specific bacteria to be destroyed, as this treatment can do no harm, it should be given thorough trial.

Until the possibilities of such surgical procedure have been demonstrated on the localized cases, we do not feel justified in recommending radical extensive and apparently useless operations in cases with generalized glandular involvement, particularly when the groups of glands subject to operative removal can in our experience be made to disappear by other means.

"Hygiene" is one of the methods recommended for the "destruction of the remaining bacteria" and the "conversion into fibrous tissue of such irremovable abnormal tissue as cannot undergo resolution." Symptomatically, it is important to keep the patient in the highest functional efficiency, and drugs, diet, rest, etc., should be used as indicated, but in the absence of all clinical and experimental evidence, we doubt that such measures play a more important part in the course of Hodgkin's disease than in any malignant process.

Coley's toxines have been of no avail in Hodgkin's disease.

Autogenous and stock vaccines of the diphtheroid organism have been given a thorough trial, and although the earlier reports were exceedingly optimistic, further observation has shown that they are "of no value and may be harmful."[28]

Efforts are at present being made to develop with the diphtheroid organism an immune serum, but no constant results have as yet been obtained, although Bunting is still hopeful.[27] Further progress along this line will be watched with interest, but until the relationship between the organism and the disease is more definitely established, one must be rather skeptical of seeming improvement in an isolated case.

Thus far, we see that drugs and vaccines are of no avail; that the immune serum offers but a doubtful future possibility, and that the removal of all foci of infection and the radical removal of the glands, even in early localized cases, has still to be followed by cure.

Röntgenotherapy is somewhat more promising and without doubt is our most valuable single method of treatment. It has been used for years with striking temporary results, as indicated by a decrease in the size of the glandular enlargements and improvement in general health, but the disease has always eventually progressed and death has resulted from involvement of the deeper glands with the accompanying pressure effects, fever, anemia, etc.

The marked decrease in the size of the glands under Röntgenotherapy has been explained as due to the absorption and death of the more cellular elements of the tumors with the production of a

28. Bunting: Personal communication.

varying amount of new formed fibrous tissue. In one case coming to post-mortem, after three years of Röntgenotherapy, Dr. Ophüls was unable to find any glandular remains in the cervical, axillary or inguinal regions, nor was there any appreciable fibrosis. In these regions, a local "cure" had apparently resulted from persistent Röntgenotherapy. However, the patient died with involvement of the deeper glands. If such local "cures" can be produced, the ultimate failure of the treatment must be explained as due either to insufficient treatment; to such an alteration in the character of the tissues, that they are no longer susceptible to the Röntgen rays; or to the fact that the glandular enlargements are but local manifestations of a general disease. Against the latter theory may be argued the fact that, so far as I am aware, no case of Hodgkin's disease has come to death without showing glandular enlargements.

Increased tissue resistance has not been established in Hodgkin's. It is possible that in some cases the process assumes an increased resistance to the rays, but my own experience and that of others [29] seems to show that glands, once thoroughly treated, show but slight tendency to recur, and respond readily to further treatments.

Bunting and Yates [26] have proposed an original but far from convincing partial explanation for the ultimate failure of Röntgenotherapy. In subjecting cultures of the Bacillus Hodgkini to the action of the X-rays, they found that young cultures (not over five days) were destroyed by one exposure, whereas, older cultures showing involution forms were resistant. Apparently, they wish to imply that in the glands subjected to radiation, involution forms develop and further treatment, failing to destroy them, fails of ultimate success. There are many objections to this point of view other than the fact that the organism has not been proven the causative agent. They themselves report negative cultures from a gland which had received the usual Röntgenotherapy "at a time when the technic had been developed so that positive cultures were being obtained constantly from tissue that was found histologically to show the disease."

These two observations fail to support each other and from their standpoint, the logical conclusion would seem to be that treatment had produced a cure in this individual gland and that general cure should follow, if all involved glands were similarly treated. At any rate, these observations do not explain the ultimate failure of Röntgenotherapy.

Finally, there is much evidence to support the belief that insufficient treatment has played a prominent part in the majority of fatal cases. In these there has usually been extensive involvement of the deeper glands—abdominal or mediastinal—regions, in which only recently, through the introduction of the Coolidge tube and the development of proper technic for deep therapy, has it been possible to treat satisfactorily. An added factor is that, after four or five years of continuous treatment, the efforts of both physician and patient are apt to relax.

Permanent cure seems doubtful, but with the improved technic in Röntgenotherapy, it is wise to withhold final judgment until further observations are made on early cases that are thoroughly, systematically and persistently treated. The evidence on which a claim for cure might be based is somewhat doubtful, but a period of five years without symptoms, would be safe. The restoration of the normal blood picture as recently proposed by Bunting and Yates is now admitted by them to be unreliable.[26 27]

My personal experience includes the following nine histologically proven cases, seen in the Outpatient Department of the Stanford University Medical School, and in consultation.

Case I. G. V., an American school-boy, age 9, noticed enlargement of the glands on the right side of the neck 16 months before admission. These had been removed, at which time the boy's parents were informed that there was nothing more that could be done. Glands promptly recurred. At examination, an immense mass of discrete glands were found on the right side of the neck, extending from the clavicle to the mastoid. No evidence of other glandular involvement. Glands radically removed—these presented the histological picture of Hodgkin's disease. Röntgenotherapy begun over operative field, but interrupted by the patient sustaining a fracture of the skull—glands rapidly recurred, again radically removed. Röntgen treatment given into open wound. Patient left hospital for home in country, no subsequent treatment. Patient has not been heard from since.

Features of case: Delay in instituting proper treatment. Rapid local recurrence after radical surgical removal with insufficient Röntgen treatment.

Case II. T. D., 27258, school-boy, aged 12, first noticed three weeks before admission, three small tumors on the inner side of the right arm, which gradually enlarged. Examination showed enlarged cervical and axillary glands, as well as the three glands on the arm; the largest of these were 1.5 cm. in diameter. Gland removed from arm, showed histological picture of Hodgkin's disease. One Röntgen exposure given over the involved glands, but patient failed to return for further treatment.

Features of case: Extensive dissemination. Insufficient treatment.

Case III. H. A., 33027, age 22, first noticed enlargement of the glands of the neck ten years before admission; in the next five years had three operations, but the glands recurred each time. Examination showed a mass of discrete glands, variable in size, above the right clavicle, few small glands in left anterior cervical region, substernal dullness with widening of the superior mediastinal shadow on the Röntgenogram. Glands were removed with the clinical diagnosis of recurrent tuberculous glands. Histological examination showed typical Hodgkin's disease. Röntgenotherapy given over operative field and mediastinum. Seven months after operation reported no superficial evidence of enlarged glands and normal health. Could not return for further treatment.

Features of case: Apparent long duration. Mediastinal involvement. Operative removal not radical. No accentuation of the process after operation. No local recurrence after seven months following Röntgenotherapy. Insufficient treatment.

Case IV. J. B., 24078, age 28. Three months before admission, began to cough and expectorate, later had left pleural pain, fever, sweats, shortness

29. Holding & Brown: J. Am. M. Ass. 1917, LXVIII, 701.

of breath and loss of 30 lbs. weight. Examination showed single enlarged gland in right superclavicular region with substernal dullness and mediastinal widening on the Röntgenogram. Temperature ranged from 100 to 103. Gland removed from neck showed typical Hodgkin's disease. Röntgoneotherapy started but patient left for home in the East. No subsequent report.

Features of case: Apparent acuteness of process. Practical limitation of process to a region inaccessible to surgery. Insufficient treatment.

Case V. E. McG., school-girl, age 18, had had sore throat and poor health for years. Five months before admission, noticed a gradually increasing enlargement of the right side of the neck, later involving the left side, loss of strength and night sweats. Examination showed masses of large, hard, discrete, closely packed glands on both sides of the neck, slight substernal dullness, with mediastinal widening on the Röntgenogram. Gland removed, showed typical Hodgkin's disease. Röntgenotherapy administered with complete disappearance of the superficial glands and marked improvement in general health. Treatments then became very irregular and finally ceased. Patient died one and one-half years after last treatment with marked mediastinal involvement. Vaccines were given in this case, but without effect.

Features of case: Apparent severity of the condition on admission. Marked improvement under Röntgenotherapy. Insufficient treatment and death.

Case VI. E. B., 29370, age 23, began to be troubled with dry cough one year before admission; this increased in severity and was accompanied by shortness of breath and enlargement of the glands of the neck and axillae, with loss of 33 lbs. He had spent two months in bed in a local hospital on medical treatment, but without effect. Examination found him very dyspneic; left supraclavicular group of glands varied from 1 to 4 cm. in diameter, similar group of glands on right side of neck, similar, but larger glands in both axillary regions, some 8 cm. in diameter, inguinal glands enlarged, but smaller, marked substernal dullness with marked enlargement of the precordial dullness and evidences of left sided pleural effusion. Left radial pulse smaller than right. Temperature ranged from 98.6 to 103, pulse 80 to 140, respiration 20-35.

Röntgenogram of the chest (Plate 4) showed marked mediastinal widening and clouding of left lung field. Gland showed typical histological picture of Hodgkin's disease. Röntgenotherapy was administered, although the condition seemed hopeless, the patient being unable to lie down during the treatments. Improvement was rapid and marked so that in two months the patient left the hospital, without subjective symptoms, no appreciable enlargement of the superficial glands and marked decrease in the extent of the mediastinal involvement (Plate 5). For a short time patient returned regularly for treatments, but eventually we were unable to persuade him to leave his work as a farm hand and come for treatment when he felt perfectly well. Nineteen months after the last treatment he reappeared with a moderate enlargement of the superficial glands, increase in the mediastinal involvement and a return of some of the subjective symptoms. Treatment was given and it is hoped it may be persisted in.

Features of case: Lack of proper treatment early in course. Apparent severity of the condition. Marked improvement under Röntgenotherapy. Discontinuance of treatment with return of symptoms.

Case VII. W. V. M., 22548, American clerk, aged 29, had noticed some variability in the size of the glands in the left side of the neck during the preceding year, with later enlargement of glands under the left pectoral muscle and in the left axilla. More recently he had been troubled with cough and expectoration, shortness of breath, loss of weight, night sweats and general malaise. Examination showed enlargement of the glands of the left side of the neck under the left pectoral muscle and in the left axilla, substernal dullness, with marked widening of the mediastinal shadow on the Röntgenogram (Plate 7). Gland removed from the cervical region showed typical Hodgkin's disease.

Röntgenotherapy given with practical disappearance of the superficial glands and decrease in the extent of the mediastinal involvement (Plate 8), with absence of cough and marked improvement in the general health. Treatments now became irregular, until patient was suddenly taken with difficulty in swallowing, demonstrated to be due to a narrowing in the upper oesophagus (Plates 9 and 10). Treatments applied over the upper chest have caused a slow but gradual decrease in the severity of these symptoms; the patient is at present working regularly and still under treatment.

Features of case: Apparent severity of the symptoms. Marked improvement under Röntgenotherapy. Recurrence under insufficient treatment. Oesophagial involvement.

Case VIII. G. T., ranch hand, age 22, began to have swelling of the left leg two months before admission. Examination showed a single gland at angle of the jaw on the right side. Left leg swollen to one and one-half times normal size (Plate 11), inguinal glands markedly enlarged on left, with a mass of glands palpable in the left iliac fossa; similar mass palpable in right side. Gland removed showed histological picture of Hodgkin's disease.

Under Röntgenotherapy over these glands the oedema of the left leg cleared up and the patient left the hospital with instructions to return for further treatment. Many months later he appeared at the University of California Hospital with marked enlargement of the pelvic glands. Röntgenotherapy was again successful in causing improvement, but treatment was discontinued. Death finally occurred from gradual wasting.

Features of case: Extensive involvement of pelvic glands. Unilateral elephantiasis. Marked improvement under Röntgenotherapy. Insufficient treatment. Death.

Case IX. O. H. B., 13571, an American, age 52, noticed one year before admission a swelling under the right arm. During the six succeeding months similar swellings appeared under left arm, on both sides of neck and in both groins. General health unaffected. Examination negative, except for the presence of these tumorous masses, the size of small oranges in neck, axilla and groins. Gland excised showed typical Hodgkin's disease.

Röntgenotherapy over the tumor masses caused practical disappearance of the enlarged glands. Patient then developed oedema of the lower extremity, involving genitalia, which cleared up with treatments directed over the pelvis. Next there appeared a left-sided pleural effusion requiring five tappings in the next eight months, after which the fluid did not reaccumulate; during this time small doses of X-ray were being given over the lower mediastinum. Finally the patient began to complain of abdominal pain and the treatments were directed over this region, but without apparent influence on the pain. In turning in bed, the patient suddenly developed a complete paraplegia due apparently to a transverse lesion of the cord at about the level of the XII dorsal vertebra. Patient suffered terribly for seven weeks and finally died of exhaustion. Autopsy by Dr. Ophüls showed the lymph glands small throughout the body, with some fibrous thickening about them. The only tumor mass overlay the XII dorsal vertebra. This was a firm greyish-white mass,

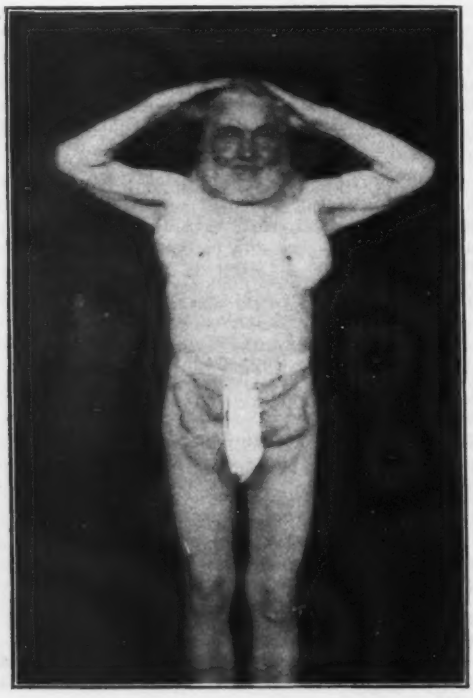

Plate 16. Case X. April, 1916.
Showing marked enlargement of the superficial glands.

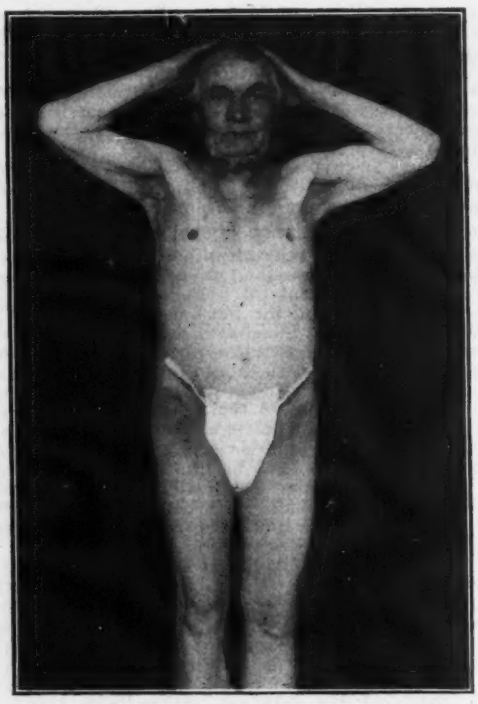

Plate 19. Case X. January, 1917.
After Röntgenotherapy.

about the size of the palm of the hand, which had infiltrated and destroyed the body of the vertebra, thus allowing the sudden compression of the cord. This tissue presented the histological picture of Hodgkin's, but was the only evidence of the disease found after careful search.

Features of case: Progressive involvement of groups of glands. Destruction of the disease process in these involved glands by Röntgenotherapy. Infiltration of the vertebrae by the only remaining tumor. Paraplegia from twisting of the spine. Death and autopsy findings.

The following three cases are examples of the type of lymphosarcoma indistinguishable in clinical couse and therapeutic response from Hodgkin's disease, and closely resembling it histologically.

Case X. C. B., 40748, a Finnish fireman, aged 65, noticed enlargement of the glands of the left side of the neck, twenty-six months before admission; later the glands on the right side became involved. Examination showed tremendous enlargement of the glands mentioned (Plates 15 and 16), substernal dullness with marked mediastinal widening in the Röntgenogram. Gland removed for examination showed histological picture of lymphosarcoma; Röntgenotherapy administered regularly for past year has caused practical disappearance of the superficial glands (Plates 18 and 19), with decrease in size of the mediastinal involvement. There has been no disturbance in general health at any time.

Features of case: Marked and diffuse involvement of glands, without general symptoms. Marked decrease in size of gland tumors, under Röntgenotherapy. Similarity of the clinical and therapeutic course with that of Hodgkin's disease.

Case XI. M. A. B., salesman, age 28, noticed small swellings on both sides of his neck, two years before admission; these gradually increased in size; later a swelling appeared under the right arm; recently noticed a swelling on the middle of the right shin and an area of redness and induration on the inner side of the left leg; had lost 40 lbs. in weight. Examination showed a glandular mass above the left clavicle the size of a small orange, a similar, but smaller mass on the right side of the neck. Another single gland the size of an almond in the left axilla. A few small inguinal glands were palpable. Liver and spleen not palpable. Substernal dullness with mediastinal widening on the Röntgenogram. Areas of thickening over both shins resembling gummata. Wassermann repeatedly negative. Gland removed showed histological picture of lymphosarcoma. Röntgenotherapy administered over gland tumors and mediastinum with marked improvement, both in the local condition and in general health. The areas on the shin broke down and were considered typical luetic manifestations by Dr. Harry Alderson, in spite of the negative Wassermann reaction and specific treatment was pushed to the limit, but without effect upon these lesions. A section from the edge of the lesion was removed for histological examination and reported by Dr. Ophüls as lymphosarcoma. Röntgenotherapy administered over these lesions produced an immediate and rapid improvement. Patient is still under treatment, but considers himself perfectly well.

Features of case: Extensive involvement with disturbances in general health. Marked improvement in both local and general condition under Röntgenotherapy. Presence of lesions on the legs closely simulating gummata, due to metastatic involvement and showing improvement under Röntgenotherapy.

Case XII. H. H. D., American lawyer aged 50, had at time of admission, general glandular enlargement closely resembling that of Case X, but without mediastinal involvement. Gland showed lymphosarcoma. Under Röntgenotherapy the su-

perficial glands disappeared, then appeared oedema of the lower extremity, which yielded to Röntgenotherapy; then left-sided pleural effusion (Plate 25), gradually yielding to treatments over the mediastinum, then abdominal pain—treatments now were irregular and unsatisfactory. Patient developed fever, sweats and loss of weight and finally died, three and one-half years after beginning treatment. Autopsy showed no appreciably enlarged glands in neck, axilla, or mediastinum, but the mesenteric and retroperitoneal glands were very markedly enlarged.

Features of case: Clinical course very similar to Case IX. Marked improvement under Röntgenotherapy, while regularly administered. Insufficient treatment later. Long course of medical treatment (arsenic, etc.), before Röntgenotherapy was given.

A review of these cases emphasizes the following points:

1. The wide dissemination which had occurred in the majority of the cases before a correct diagnosis was made, or proper treatment instituted. In some, this delay is chargeable to the patient but in others it demonstrates a lack of diligence or knowledge on the part of the attending physician.

2. The frequency of early mediastinal involvement is striking.

3. A diagnosis based upon the blood findings was not possible in any of these cases. The examinations were made by various members of the staff, including Dr. Addis, Dr. Mehrtens and Dr. Barnett. In the majority of cases, the number of transitional and large mononeuclear cells combined did not exceed either relatively, or absolutely, the normal limits of transitionals alone. We, therefore, cannot make a diagnosis of Hodgkin's disease without the histological examination of an excised gland.

4. In no case was there an excerebration of the disease traceable to the removal of a test gland.

5. Vaccines were of no avail in one case; Benzol was tried in a second case, but without effect.

6. Radical removal of involved glands was followed by local recurrence, when insufficient Röntgenotherapy was given over the operative field.

7. Removal of foci of infection produced no evident alteration in the course of the disease.

8. In all cases so far treated, the superficial glands have practically disappeared under Röntgenotherapy and have caused no further concern during the course of the disease. There has, therefore, been no apparent reason or justification for radical removal of such gland groups.

9. Mediastinal and abdominal glands are not subject to surgical removal.

10. With proper treatment it is possible to cause absorption of these deep glands. How long such enlargement can be kept under control by deep Röntgenotherapy has still to be determined, as none of these cases has been satisfactorily treated throughout the entire course of the disease.

11. The close parallelism between certain cases of lymphosarcoma and Hodgkin's disease, both in clinical manifestations, response to treatment and histological picture, is very striking and suggestive.

In conclusion I may say that:

1st. The etiology of Hodgkin's disease is still unsettled.

2nd. The diphtheroid organism seems likely to prove a mere saphrophite.

3rd. There is good reason to consider Hodgkin's disease a neoplasm closely related to lymphosarcomata and endotheliomata.

4th. Efforts must be made for earlier diagnosis.

5th. Diagnosis must as yet rest upon the examination of an excised gland and not upon the examination of a blood smear.

6th. Treatment of early localized cases should consist of the radical removal of the involved glands and the removal of foci of irritation, together with thorough and persistent Röntgen treatment of the operative field and of all neighboring lymphatic areas, especially the mediastinum. Cure seems possible in these cases.

7th. In the more advanced cases with wide dissemination, the only treatment is Röntgenotherapy. If this is given thoroughly and persistently, remarkable temporary results may be obtained and it is remotely possible that cure might be achieved.

8th. In the advanced cases I have seen no indication for surgery other than the removal of foci of irritation.

9th. Vaccine therapy has been a failure and there is little reason to expect more from the immune serum.

10th. The technical details of Röntgenotherapy have been omitted from this discussion.

In conclusion I wish to express my appreciation to the members of the staff of the Stanford University Medical School for their co-operation in this work and especially to Miss G. Dunn, the technician in the Department of Röntgenotherapy.

HEADACHE RESULTING FROM PATHOLOGICAL INTRA-ORAL AND INTRA-NASAL CONDITIONS.*

By ADOLPH B. BAER, M. D., San Francisco, Cal.

One of the greatest, if not the greatest, source of satisfaction and pleasure which I have derived from the practice of this specialty, has been the relief of the large number of headaches, head pains and neuralgias which have resulted from conditions arising within this field, and the greatest sufferers and the most intense pains have usually been cured by the treatment of a comparatively simple condition. We know, of course, that one of the most difficult symptoms to account for and to treat satisfactorily is headache. We know also that the great majority of head pains are systemic in origin. If, however, a thorough general examination fails to account for the headache, the patient must always be examined by a head specialist. I have been surprised at the number of cases, patient sufferers for years, never examined by a specialist, who have been immediately relieved by the treatment of an intra-nasal or intra-oral condition.

In this paper, without any idea that I am tell-

* Read before the California State Medical Society at Coronado, April 17, 1917.

ing you anything which all of you do not know already, I shall merely attempt to review briefly the intra-nasal and intra-oral conditions which can be the cause of head pains.

Headaches of nasal origin are peculiar. They are usually not constant in severity. They are intensified by stooping, jarring, prolonged mental work and loss of sleep. They are apt to be unilateral, worse in the morning (usually disappearing towards noon), and are increased on lying down. They are present independent of eye strain, and relieving an eye condition or an eye muscle strain will have no effect upon the headache. Eye headaches will practically always be relieved by resting the eyes or by applying the proper eyeglass correction.

Of course, there are certain headaches which will have both a nasal and an orbital origin, and correcting one condition will relieve but not entirely cure the headache. Or we may accentuate an eye strain by over use and precipitate a reflex nasal disturbance, and to that extent contribute toward its causation. This is illustrated when proper nasal treatment will cure a headache, even in the presence of uncorrected ocular defects of relatively high degree.

In character and degree a nasal headache may range from an occasional neuralgia, to a sense of tightness at the root of the nose between the eyes; to a continuous dull ache; to a fulminating, throbbing pain, radiating to all the branches of the trigeminal nerve. I have seen cases simulating migraine with a history of the circular band pain of neurasthenia, and the pain of a driving nail being forced into the vault of the head, disappear by relieving an intra-nasal pressure between the septum and a lower turbinate.

The various intra-nasal conditions which can be the cause of headache, have been best summarized by Grunwald as follows:

(1) Swelling of the mucosa, causing pressure contact upon nerves.
(2) Negative pressure within the sinuses.
(3) Positive pressure by sinus suppuration.
(4) Ulceration of the mucosa, involving nerve endings and seen in atrophic rhinitis.
(5) Autointoxication by reabsorption of purulent secretions.
(6) Any condition which causes acute congestion of the cranial circulation.
(7) The spheno palatine ganglion syndrome.
(8) And most important of all, direct contact, or abnormal points of contact, between the septum, turbinates, uncinate process, bulla ethmoidalis and septum tuberculi.

We will frequently overlook one or the other of these various conditions if we make but a single examination. At least three examinations at different times and under different conditions must be made, before we can arrive at a satisfactory conclusion. The severity of the headache bears no relation to the pathological lesion and we can very easily overlook a minor and apparently unimportant nasal change, which may account for a severe and intense headache.

Swelling of the mucosa of the middle turbinate impinging against a relatively high deviation of the nasal septum, by disturbance of the local circulation or causing pressure upon the spheno-palatine ganglion will cause a symptom complex—i. e., nausea, vomiting, vertigo and intense headache, often described as migraine. The headache is usually bilateral because the thickened septum will usually obstruct and cause pressure in both nostrils, and in consequence, compress both ganglia or their nerve distributions at the same time.

Many headaches which begin at puberty and cease spontaneously in later life may be explained by the fact that the nasal mucosa is no longer erectile. And these headaches are very often inherited because the abnormal anatomical intra-nasal bone formation is also inherited. There will be the same form of septum deformity in every member of the same family.

In the great majority of cases the deviation may be of very slight extent. A slight abnormality will produce marked symptoms in one patient, while a most extreme deformity will be borne with no discomfort whatever by another. *High deviations, far back in the nose, are usually the most important.* The posterior part of the middle turbinate—i. e., the region over the spheno-palatine ganglion—seems to be the point of greatest irritation. The convergence of the bony walls above allows a relatively small deflection to cause a marked pressure and obstruction when the mucosa swells.

During the interval between the attacks, when the mucosa is normal, we may completely overlook the deviation. During the attack it is not difficult to demonstrate the deviation, the swelling and the resulting contact and compression. Many patients will complain of the nasal obstruction, and speak of the stuffiness of the head and nose, or refer to the fulness and pain in the nose between the eyes. But as a rule the pain will overshadow the subjective symptoms and in the interval between the attacks they will be too slight to attract the patient's attention. On the other hand, the obstruction is at times so marked and the contact point so sharp, that separation is impossible.

I believe that a thorough and complete submucous resection will cure most of these cases. But the operation must extend from the cribriform plate to palatine crest, and posteriorly to the anterior wall of the sphenoid. No amount of tinkering with the turbinates will do more than temporarily relieve the condition. A secondary hypertrophy of the removed turbinates, or a compensatory hypertrophy of one of the other turbinates, will soon restore the original pressure against the septum. After complete removal of all spines and spurrs and thickenings, of the septum tuberculi in front, and of the long spines which are so frequently seen posteriorly and high up, no possible amount of turbinate swelling will be able to cause pressure, for the resilient membranous partition will give before any turbinal overgrowth, should it occur.

It is not uncommon for patients to date the onset of a headache from a blow upon the nose, and not a few will refer the pain to the eyes. For these injuries will usually result in a high septal deformity, leaving the lower two-thirds of

the nose sufficiently clear to permit of perfectly free breathing and the condition will result most commonly in an eye headache; usually a dull ocular pain, which is increased when the patient uses the eyes. But correcting a possible eye condition which should, of course, always be done first, will have little or no effect, while a high septum operation will always clear up the headaches.

And there is another group, where the nose, unless examined during the stage of turgescence, will be regarded as normal. They belong to the neurotic group whose whole vasomotor system is unstable and toneless. Periodic headache in this group, caused by the increased turgescence of a turbinate, and consequent pressure upon a slightly deviated septum, will invariably be relieved by a turbinate operation, and they will be permanently cured by a septum operation.

We must not, however, in our zeal to correct septal deformities, overlook the lateral nasal wall. Our entire pathology may be caused by a prominent and hypertrophied uncinate process. This process may be so enlarged as to completely occlude the distal part of the nasal cavity. I have been surprised at the complete relief from headache which has reesulted from its removal.

The same may be said of prominent bulla ethmoidalis; the pressure of polyps from the frontal and ethmoid sinuses and the antrum; less frequently from hypertrophied posterior tips on the lower turbinate. And these lateral obstructions will occasionally be the cause of a sinus condition by causing the retention of normal secretions within the sinuses, with a resulting headache. It may be regarded as a prepurulent stage, but clinically there is no evidence of a purulent condition present. Nasal examination is negative, as are also X-ray examination and examination by suction. And the condition may last two, three or four months before the purulent stage is reached. But in the meantime the patient will complain of the most intense headache, which will be immediately and completely relieved by washing out the sinuses, usually, in fact, only the antrum.

I believe that it is impossible to associate within the nose, certain areas or regions with definite area, for referred pains about the head. No definite localization *even* for sinus headache is possible. The site of the pain helps very little in determining which sinus is affected. Only a thorough and complete examination of all the sinuses by the very exact methods now at our disposal will enable us to locate a headache within one or the other of the nasal sinuses.

Antrum pains are usually supra-orbital; less frequently infra-orbital; and they may radiate backward to the ear and occipital region.

Ethmoid and frontal headaches are usually referred to the ocular or frontal region. But a maxillary sinusitis may cause a reflex pain in the supra-orbital nerve similar in all respects to that caused by a frontal sinus infection. How often do we expect to find a frontal sinus infection which an examination turns out to be confined to the antrum.

Sphenoid sinus headache patients seem to be unable to describe or locate the pain. Most often it is a sort of boring pain toward the middle of the head far back between the eyes. But it may be parietal of occipital. And it may be located on the top of the head or radiating from the mastoid toward the top. In fact, occipito-parietal headache is always an indication for sphenoid sinus exploration.

Unfortunately, we occasionally get a frontal headache from involvement of the sphenoid, and we often get occipital headache in involvement of the frontal sinuses.

All of these sinus headaches may be caused by a simple catarrhal condition of the nasal mucosa with swelling and closure of the normal sinus openings. This results in a negative pressure or vacuum headache, which will be relieved by relieving the congestion and admitting a free supply of air. Or the condition may become chronic and persist even after the exciting cause has been removed.

Spheno-palatine ganglion irritation accounts for many intra-nasal headaches. It lies in the sphenomaxillary fossa, between the pterygoid process of the sphenoid and the superior maxilla; and is therefore in very close anatomical relationship to the sphenoid and posterior ethmoid sinuses.

It is therefore easy to understand how the ganglion may become infected directly from the nasal cavity (for it lies just below the surface of the nasal mucosa) or it may become involved secondarily by infection spreading from the sphenoid or ethmoid sinuses.

Sluder describes a symptom complex of sphenopalatine ganglion origin consisting of pain beginning at the root of the nose, extending to the upper jaw (and at times to the lower), backward under the zygoma and into the ear and mastoid, and thence to the neck, shoulder, arm and hand. When this condition is confined to the ganglion and is not secondary to a sphenoid or ethmoid sinus condition, there will usually be an inequality in the two sides of the soft palate; the arch on the affected side being higher, the uvula and median raphe being drawn to the opposite side. There is also a partial anesthesia and loss of taste on the affected side.

Naso-fibroma, and malignant growths in the nasal cavity and its sinuses, painful in themselves and by pressure, are fortunately rare.

In searching for a possible rhinological cause for headache, we will very often find the cause of trouble in the mouth. The ten years during which I practiced dentistry and oral surgery have proven of inestimable value to me in locating reflex or referred pains about the head, in pathological conditions occurring in the mouth and teeth.

These head pains or headaches may be located within the mouth itself, or they may spread reflexly over the head or be referred to other distant and remote parts of the body. The various tooth conditions causing such pains are: Dental caries; pulp stones; pyorrhea; chronic abscesses at the roots of apparently healthy teeth, with necrosis in the surrounding areas of the maxillary bones; acute abscesses; pressure by tooth roots, and by

unerupted teeth or impacted molars; supernumerary teeth; periostitis; osteomyelitis and maxillary bone necrosis; salivary calculi, cysts of sublingual and submaxillary glands.

And the most intense pains may be caused in perfectly normal mouths by an intra-nasal condition irritating reflexly the superior and inferior divisions of the fifth nerve.

177 Post Street.

THE TREATMENT OF INFANTILE PARALYSIS.*

By JOHN CARLING, M. D., Los Angeles.

Before taking up the treatment of infantile paralysis, it might be well to refer briefly to the causes of deformity in this disease. They are: 1. Gravity. 2. The contraction of unopposed muscles. 3. Habitual posture. 4. Functional use.

To illustrate: If the dorsal flexors of the foot are paralyzed, the foot falls forward from the force of gravity plus contraction of the calf muscles. If the foot is not supported, structural shortening sets in and the limb becomes permanently deformed. If, however, the dorsal flexors are intact and the calf muscles are paralyzed the force of gravity is overcome by contraction of the dorsal flexors.

Habitual posture may cause deformity as in complete paralysis when the limbs are placed in certain positions for convenience.

In incomplete paralysis, when the patient begins to use his limbs further deformity is developed by the weight of the body and the attempt of the remaining muscles to do the work of those which are paralyzed.

Subluxation sometimes occurs from relaxation of ligaments around a joint and lack of muscular support, but complete dislocation is rare.

Deformities of the upper extremity are as a rule not so severe as those of the lower, because of the absence of strain due to weight bearing and the fact that gravity is opposed to muscular contraction.

Paralysis of the muscles of the shoulder may cause subluxation of the head of the humerus and paralysis of the muscles of the forearm, distortion of the hand from contraction accommodation and atrophy.

Paralysis of the trunk muscles may cause lateral curvature of the spine. The curvature in these cases is not towards the healthy side as might be supposed, but towards the paralyzed side. This is because the muscles of respiration are involved, producing a caving in of the chest on the affected side and the compensatory enlargement of the chest on the opposite side draws the spine towards it.

In infantile paralysis the extent of ultimate deformity is not limited to the muscles alone, but all the tissues of the affected part share in the atrophy and retardation of growth. It is evident that retardation of growth will be greater during the period of active development, consequently the younger the patient when attacked the greater will be the atrophy and shortening.

TREATMENT.

Active treatment of the paralyzed muscles should not begin until the acute inflammation in the cord has subsided. This may take from one to four weeks or longer and is indicated by the absence of pain and tenderness on handling the limbs. To overcome the tendency to deformity the joints should be manipulated several times daily and the limbs massaged to improve the circulation and nutrition of the muscles.

The galvanic current is of use in obtaining contraction of muscles that cannot be contracted voluntarily. When given alone, however, at irregular intervals it is of little value in restoring function and should therefore be always combined with massage and muscle training. The latter is by far the best means at our disposal for restoring lost power to the disabled muscles. It consists in aiding the patient to perform certain movements with the hope of stimulating impulses from the brain to the weakened or paralyzed muscles.

To illustrate a case: If the dorsal flexors of the foot are weakened and unable to act alone, the foot is dorsally flexed by the hand of the operator and the patient is directed to assist. If there is any response, and there usually is, less and less aid is given by the operator as the power returns. By patient and persistent efforts, muscles which are apparently hopelessly paralyzed, may be trained to perform their functions in whole or in part.

In infantile paralysis a hemorrhagic myelitis has attacked the cord and caused more or less destruction. Certain centers may have been completely destroyed while others may have escaped with only slight injury. Moreover some centers may have escaped injury altogether, but their associate centers having been destroyed and being unaccustomed to act alone, their function is lost unless trained to co-ordinate with other centers. Therefore, there exists in every disabled limb a certain amount of muscular power which is not evident and which cannot be made available unless cultivated. The patient, if a child, should never be left to do his own exercises, but should always be aided by parent or nurse. As the response of a muscle depends on the strength of the stimulus, the volition of the patient is greatly aided by a word of command. The exercises should be given daily under the direction of the physician and should be continued as long as improvement is noticeable. If contractions are present they should be overcome before the exercises are begun as it is impossible to strengthen a muscle until the strain on it has been relieved.

MECHANICAL TREATMENT.

The object of a brace is to prevent deformity due to contraction of the unopposed muscles and at the same time encourage functional use of the limb.

In paralysis of the extensor muscles of the leg, the foot drops forward and drags upon the ground in walking, causing the patient to awkardly lift the

* Read before the Forty-sixth annual meeting of the Medical Society, State of California, Coronado, April, 1917.

knee to prevent stumbling. This deformity is known as equinus and when fixed produces over extension at the knee, because of the effort to place the heel on the ground. In more severe cases the patient walks on the ball of his foot, causing flexion at the hip joint. When seen in the early stage before the deformity has become fixed, these cases should be provided with a light brace, with a stop joint at ankle to hold the foot at right angle. In all cases where the knee is weak, the brace should extend to the thigh.

Paralysis of the posterior muscles of the leg causes a deformity known as calcaneus. In this condition the resistance of the foot is lost and the patient walks on his heel. There is also hyper-extension at the knee caused by strain on the weakened ham-string muscles. The indications are therefore a brace with a reverse catch at ankle to prevent dorsi flexion and extending to the thigh to prevent hyper-extension at the knee. In paralysis of the quadriceps extensor, the patient, unable to extend the leg, swings it forward and locks the joint by direct contact of its surface, and by resistance of the tissues on the posterior aspect of the knee. The joint is thus over-extended.

Paralysis of the quadriceps alone is rare and there is usually associated with it paralysis of the leg muscles. In paralysis of the muscles of the hip the result will depend on the individual muscles affected. When the ileopsoas is paralyzed it is impossible for the patient to flex the thigh directly and when the adductors are paralyzed he is unable to bring the limbs together.

When all the muscles of the hip are paralyzed the limb dangles, but usually the tensor vaginae femoris remains intact, producing flexion deformity. As the muscles of the leg are usually paralyzed as well there is great disability accompanied by outward rotation of the limb. In such cases a pelvic band should be attached to the brace with joints at hip and knee to allow flexion in sitting. In young children, however, it is preferable to omit a joint at the knee because of their inability to control it. When both limbs are paralyzed double braces should be applied and the patient furnished with crutches if necessary.

If the muscles of the spine are affected a corset may be attached to the pelvic band to prevent scoliosis or lordosis.

Paralysis of the arm muscles is relatively rare and seldom requires brace treatment. Unlike the leg which may be braced to support the body, the arm when extensively paralyzed is of little service.

OPERATIVE TREATMENT.

Patients with infantile paralysis are usually neglected after the acute stage has subsided and when seen by the orthopedic surgeon, they are found to have various contractions and distortions of the limbs.

The first indication in these cases is the reduction of the deformity. The foot must be brought to a right angle with the leg. The contractions at the knee and hip must be overcome and lateral distortion corrected. Slight equinus may be overcome by forcible stretching of the tendo achillis, but resistant cases will require division of the tendon.

Slight contraction at the knee and hip may also be overcome by forcible stretching under an anesthetic and the application of a plaster cast. In severe cases, however, division of the tendons will be necessary. The tensor vaginae femoris and adductor tendons may be divided subcutaneously, but division of the hamstring tendons should be done by the open method, because of the danger of wounding the external popliteal nerve, which lies close to the inner side of the biceps tendon.

TENDON TRANSPLANTATION.

When one or more muscles are paralyzed the unbalanced action of the others tends to distort the limb. The object of tendon transplantation is to utilize the muscular power that is remaining to the best advantage. The operation should not be performed until every effort has been made to improve the nutrition and strength of the disabled muscles and the final degree of paralysis has been ascertained. As a rule, a period of at least two years should intervene between the onset of the paralysis and the time of operation. It is essential for the success of this operation to have a clear understanding of the deformity and the object to be attained. It will be of little use to transplant a muscle unless its origin is such that it can work to advantage at its new point of attachment. A few examples may be cited to show what may be accomplished.

If the tibialis anticus is paralyzed one may replace it by the extensor proprius hallucis or the peroneus tertius may be divided and its proximal end attached to the tendon of the tibialis anticus or the periosteum on the inner border of the foot or to both. If on the other hand the peroneus tertius is paralyzed, the tendon of the tibialis anticus may be split and its outer half inserted into the outer border of the foot.

Paralysis of the tibialis posticus may be treated by dividing the perineus brevis below the external malleolus and attaching the proximal end to the former muscle. If the calf muscles are paralyzed the tendons of the peroneus longus and brevis may be inserted into the tendo achillis. Other operations will suggest themselves. For instance the sartorius and the tensor vaginae femoris may be transplanted into the quadriceps and the trapezius may be transplanted into the deltoid.

The operation: All contractions must be overcome by tenotomy and stretching before attempting the operation. Having applied an Esmarch bandage, one or more incisions are made, exposing the field of operation. The tendon to be transplanted is then separated from its attachment and all restrictions having been removed it is placed in opposition to the paralyzed tendon and sutured to it with silk.

When there is severe deformity and considerable atrophy of the paralyzed tendons the healthy tendon should be inserted into the periosteum or into

the bone itself. If one is unable to reach the desired point of insertion because of the contraction of the healthy tendon the intervening space may be bridged over with strands of heavy silk after the method of Lange.

Arthrodesis, or the induction of anchylosis, may be combined with tendon transplantation to advantage in many cases. The operation consists in opening the joint and removing a section of cartilage from its opposed surfaces which are then brought together and fixed with sutures. The operation should not be undertaken before the 12th year, because of interference with growth due to a removal of a portion of the epiphysis.

In young children the use of silk ligaments is preferable to arthrodesis, because they do not cause stiffness and distortion of the foot, while allowing dorsal flexion and checking plantar flexion. The silk eventually becomes coated with fibrous tissue and forms a ligament just as the silk prolongation of a transplanted tendon is transformed into a tendon. In severe calcaneo-valgus, which is the most disabling of all deformities, the operations of tendon transplantation and arthrodesis should be combined with astragalectomy for greater stability of the joint.

NERVE ANASTAMOSIS OR NERVE GRAFTING.

The results expected from this operation have not been realized. The earlier operations gave promise of wonderful possibilities through the grafting of a paralyzed nerve into a healthy one or vice versa, but so many failures have occurred that it is no longer to be recommended to patients. In the cases reported as favorable, it is hard to determine whether the improvement was due to neuroplasty or to natural causes. It is possible, however, that with the selection of suitable cases, improvement in technique, and a better knowledge of the minute anatomy and physiology of the nerve fibres to be transplanted, much better results may be looked for in the future.

Unsatisfactory results following operations for the correction of deformity, are often due to failure to provide proper after-treatment.

After simple tenotomy the limb should be incased in a plaster cast, and the patient allowed to go about on crutches. At the end of four weeks the cast may be removed and a light brace applied if necessary.

Following tendon transplantation, arthrodesis and the insertion of artificial ligaments, a cast should be worn for at least four months to avoid strain to the parts, after which a brace should be worn until the muscles have been strengthened and trained to work at their new points of attachment. This may require months of patient and persistent effort, but the results are highly satisfactory and the surgeon is well repaid for the time and labor expended.

PYELOGRAMS OF TUMORS OF THE KIDNEYS.*

By GRANVILLE MacGOWAN, Los Angeles.

Pyelography is sometimes of marked assistance in differentiating doubtful neoplasm or polycystic kidney from inflammatory conditions. The characteristic feature of pyelography is the reproduction of the outline of the pelvis of the kidney and its calyces obtained by this photographic device. The pelvis of the healthy kidney follows a certain familiar outline as do also its calyces.

Any change within the kidney which deforms the pelvis, either by encroaching upon it, or by retraction of it and its calyces will, or should, be visible in the picture. The amount of deformity or change in the shape depends largely upon the volume of the tumor and its position with relation to the pelvis or any particular major calyx thereof. For instance, a small papilloma projecting into, or springing from the walls of the pelvis, without size sufficient to obstruct the pelvis in any way, will not alter the picture from the normal because there will not be any appreciable deformity from it. But, given the condition of development of a neoplasm in one pole of the kidney, this growth will flatten out, or retract, the major calyx in this pole, or it will push into the pelvis and narrow and alter its shape. The greater the size and the more extensive the infiltration of the kidney substance by the neoplasm, the greater will be the change in shape in the pelvis; and, all other things being equal, the more marked will be the deformity shown in the picture. An elongated calyx is not necessarily an unhealthy calyx, because elongation occurs with a certain degree of frequency as a normal condition, but the calyx that is elongated by retraction caused by a tumor, just as a calyx that is elongated by an inflammatory condition such as one finds in pyonephrosis, pyelitis, or infected hydronephrosis, loses the accentuated contour of its minor calyces and changes in shape. We may take it as a rule that where we find in any pyelogram of a kidney, drawn out calyces and elongated and deformed pelves, in the absence of contrary cystoscopic information, we are dealing with a malignant growth. It is true, however, that from time to time one observes renal neoplasms in which dilatation of the pelvis is present and shows in the picture. This is rather suggestive of carcinoma which has passed on to ulceration and destruction of the tissues. In such cases the calyces have usually disappeared. In malignant growths where the renal mass is unusually large and fills up the affected loin, or in very stout people where the kidney lies up underneath the ribs, one sees at times the picture of a kidney pelvis with deformed calyces displaced from its usual position. To get a good picture under these circumstances is fortunate indeed.

I shall not enter into the discussion of differentiation of tumors from stones or from inflamma-

(Continued on Page 141.)

* Read before the Forty-sixth Annual Meeting of the Medical Society of the State of California, Coronado, April, 1917.

SCIENTIFIC PROGRAM FOR GENERAL AND SECTION MEETINGS

The following program is practically complete and the arrangement of the papers will probably remain unchanged. In the April Journal the names of those chosen to open the discussions will appear.

COMMITTEE,
HARRY E. ALDERSON, Chairman,
FITCH C. E. MATTISON,
WALTER V. BREM,
ROBERT A. PEERS, Secretary.

Tuesday Morning, April 16, 1918,

9:00 o'clock.

PRESIDENT'S ADDRESS.
J. HENRY BARBAT.

1. CLINICAL ASPECTS OF THE FASTING TREATMENT FOR DIABETES.
ALBERT H. ROWE.
2. THE TREATMENT AND LABORATORY CONTROL OF DIABETES.
LOVELL LANGSTROTH.
3. METABOLISM IN DIABETES, NEPHRITIS AND CHOLECYSTITIS.
LORENA M. BREED.
4. THE KARELL CURE REVIVED.
NATHANIEL B. POTTER.
5. COMPARATIVE STUDIES IN ESTIMATING ACIDOSIS.
ARTHUR STANLEY GRANGER.

Tuesday Afternoon,

2:00 o'clock.

1. THE PREVALENCE OF STREPTOCOCCAL INFECTIONS.
RACHEL ASH.
2. EXPERIMENTAL TYPHOID CARRIERS.
K. F. MEYER.
3. RADICAL CURE OF AMEBIASIS WITH COMBINATION OF EMETIN HYDROCHLORIDE AND NEOSALVARSAN OR ALLIED PRODUCTS.
HERBERT GUNN.
4. SCHISTOSOMIASIS IN CALIFORNIA.
ALFRED C. REED.
5. THE VALUE OF RENAL FUNCTIONAL STUDIES IN THE PROGNOSIS AND TREATMENT OF NEPHRITIS.
SAMUEL W. HURWITZ.
6. THE ENFORCEMENT OF THE MEDICAL PRACTICE ACT IN CALIFORNIA SINCE 1912.
HARRY E. ALDERSON.

Wednesday Morning, April 17, 1918

9:00 o'clock.

1. VINCENT'S ANGINA WITH A REPORT OF AN UNUSUAL CASE.
JOSEPH M. KING.
2. INTESTINAL OBSTRUCTION.
HARLAN SHOEMAKER.
3. RECONSTRUCTION OF THE HIP-JOINT.
ELLIS W. JONES.
4. BLOOD TRANSFUSIONS, INDICATIONS FOR AND RESULTS.
A. H. ZEILER.
5. AUTOGENOUS COLON VACCINES IN TOXIC ECZEMA.
JAMES A. JACKSON.
RAWSON J. PICKARD.
6. PITFALLS IN THE DIAGNOSIS AND TREATMENT OF SENILE HYPERTROPHY OF THE PROSTATE. ITS CONSIDERATION FROM THE GENERAL PRACTITIONER'S STANDPOINT.
W. B. DAKIN.

Wednesday Afternoon,

2:00 o'clock.

WAR PROGRAM.

1. THE SUPPRESSION AND CONTROL OF VENEREAL DISEASES IN THE ARMY THROUGH MILITARY AND CIVIL COOPERATION.
COLONEL L. MERVIN MAUS,
Medical Corps, U. S. Army, Dept. Surgeon, Western Dept.
2. VENEREAL DISEASE CONTROL IN CALIFORNIA.
HARRY G. IRVINE.
3. DISCUSSION OF EXPERIENCES OF MEDICAL ADVISORY BOARD No. 5 (DRAFT REGISTRANTS).
GEORGE H. EVANS,
HARRY M. SHERMAN,
S. H. HURWITZ,
FRANK HINMAN.
4. AFTER-TREATMENT AND REHABILITATION OF THE WOUNDED (WITH DEMONSTRATION OF IMPROVISED APPARATUS AND LANTERN SLIDES).
LEO ELOESSER.

Thursday Morning, April 18, 1918,

9:00 o'clock.

1. AN ANALYSIS OF THE FIRST TWO HUNDRED CASES STUDIED AT THE SAN DIEGO DIAGNOSTIC GROUP CLINIC.
B. J. O'NEILL.
ROBERT POLLOCK.
2. THE DIAGNOSTIC VALUE OF THE LUNG REFLEXES IN PULMONARY TUBERCULOSIS.
F. M. POTTENGER.
3. THE INTERRELATIONSHIP OF ASTHMA AND PULMONARY TUBERCULOSIS.
PHILIP H. PIERSON.
4. SYPHILIS OF THE THYROID GLAND—REPORT OF A CASE.
EDWIN H. SCHNEIDER.
5. THE PREVENTION OF CONGENITAL SYPHILIS BY INTENSIVE TREATMENT OF SYPHILITIC MOTHERS DURING PREGNANCY.
HANS LISSER.
6. INTESTINAL OBSTRUCTION—CLINICAL AND EXPERIMENTAL OBSERVATIONS.
G. H. WHIPPLE.

Thursday Afternoon,

2:00 o'clock.

1. BLOOD REGENERATION AFTER SIMPLE ANEMIA AS INFLUENCED BY DIETARY FACTORS.
   C. W. HOOPER, G. H. WHIPPLE.
2. A STUDY OF ACHYLIA GASTRICA BY THE FRACTIONAL METHOD.
   E. C. FISHBAUGH.
3. BLOOD PRESSURE STUDIES ON 300 NORMAL MEN BETWEEN THE AGES OF 19 AND 33 YEARS.
   BERTRAND SMITH.
4. THE PREVENTION OF POST-OPERATIVE GAS PAINS.
   W. C. ALVAREZ.
5. PRACTICAL INFANT FEEDING; POINTS WHICH THE GENERAL PRACTITIONER SHOULD KNOW.
   LULU H. PETERS.

PROGRAM OF THE SECTION OF OBSTETRICS AND GYNECOLOGY.

Tuesday Afternoon,

2:00 o'clock.

1. THE TREATMENT OF FIBROIDS BY X-RAY.
   HENRY J. KREUTZMANN.
2. CESARIAN SECTION, INDICATIONS AND TECHNIQUE.
   LYLE G. McNEILE.
3. RESULTS FOLLOWING OPERATIVE TREATMENT OF PELVIC INFLAMMATORY DISEASE IN THE STANFORD UNIVERSITY CLINIC.
   JOHN A. SPERRY.
4. CONSTRICTED BLADDER IN WOMEN.
   J. CRAIG NEEL.

Wednesday Morning,

9:00 o'clock.

1. ELECTION OF OFFICERS.
2. PUBIOTOMY.
   H. A. STEPHENSON.
3. TREATMENT OF INOPERABLE UTERINE CANCER.
   FRANK W. LYNCH.
4. RADIUM IN THE TREATMENT OF UTERINE CANCER WITH CASE REPORTS.
   REX DUNCAN.

PROGRAM OF UROLOGIC SECTION.

Tuesday Morning, April 16, 1918.

1. THE DIAGNOSTIC SIGNIFICANCE OF TUBERCLE BACILLURIA.
   LEWIS M. CHELSEN.
2. THREE CASES OF HEMATURIA TO ILLUSTRATE THE VALUE OF SCIENTIFIC METHODS IN ASCERTAINING THE CAUSATIVE FACTOR.
   G. SHEARMAN PETERKIN.
3. GENITO-URINARY DISEASES IN WOMEN.
   WM. E. STEVENS.
4. A PLEA FOR A COMPLETE UROLOGIC DIAGNOSIS AT ONE SITTING.
   MARTIN KROTOSZYNER.
   GEO. W. HARTMAN.

Tuesday Afternoon.

1. SEMINAL VESICULOTOMY IN THE TREATMENT OF GONORRHEAL RHEUMATISM.
   JAMES R. DILLON.
2. SOME EXPERIENCES IN THE TECHNIC, PRE-OPERATIVE AND POST-OPERATIVE TREATMENT OF SUPRAPUBIC PROSTATECTOMY CASES.
   HERBERT A. ROSENKRANZ.
3. DIAGNOSIS AND TREATMENT OF GLANDULAR OBSTRUCTION AT THE NECK OF THE BLADDER.
   LOUIS CLIVE JACOBS.
4. ULCER OF THE BLADDER.
   ARTHUR B. CECIL.

Wednesday Morning, April 17, 1918.

1. DIVERTICULA OF THE URINARY BLADDER WITH SOME ASSOCIATED CLINICAL AND PATHOLOGIC CONDITIONS, ILLUSTRATED BY PYELOGRAMS.
   M. MOLONY.
2. EXPERIMENTAL RENAL INFECTION CARRIERS.
   KARL FREDERICK MEYER.
   FRANK HINMAN.
3. ACUTE AND SUB-ACUTE UNILATERAL INFECTIOUS SURGICAL NEPHRITIS WITHOUT PYURIA FROM THE AFFECTED SIDE.
   ROBERT V. DAY.
4. FOCAL RENAL INFECTIONS.
   LEON JOSEPH ROTH.

PROVISIONAL PROGRAM OF NEUROLOGIC SECTION.

1. PROGNOSIS AND TREATMENT OF CENTRAL NERVOUS SYSTEM SYPHILIS.
   R. W. HARVEY.
2. THE PASSAGE OF DRUGS FROM BLOOD SERUM TO SPINAL FLUID.
   H. G. MEHRTENS.
3. PERSONAL EXPERIENCES WITH THE MENTAL RATING TESTS IN ADULT NEUROLOGICAL CASES—WITH CASE REPORTS.
   MR. ARTHUR RITTER.
4. SPINAL FLUID FINDINGS IN HERPES ZOSTER.
   W. F. SCHALLER.

PROVISIONAL PROGRAM, EYE, EAR, NOSE AND THROAT SECTION.

Symposium on Relation between Pathologic Brain Conditions and Eye, Nose and Throat.

1. OPHTHALMOLOGIC ASPECT.
   WM. F. BLAKE.
2. OTO-LARYNGOLOGIC ASPECT.
   H. B. GRAHAM.
3. NEUROLOGIC ASPECT.
   W. F. SCHALLER.
4. SURGICAL ASPECT.
   EMMET RIXFORD.
5. INTRACRANIAL COMPLICATIONS OF DISEASES OF THE EAR, NOSE AND THROAT.
   HILL HASTINGS.

(Continued from Page 138.)

tory conditions, because that is not the subject on which I am desired to speak. In the period antedating the past two years when colloidal silver preparations were used, the wisdom of employing pyelograms in making a differential diagnosis in extensive tumors was open to criticism because it was frequently painful and sometimes dangerous, for the silver solution may act as a decided irritant or a caustic where not drained promptly from the pelvis and its calyces. But such an objection does not now hold, for almost all use solutions of thorium for this purpose, and I have never seen thorium do any harm to the kidney tissue, nor any ill effects follow its use. If there is a tumor like mass in the renal region, palpable, and cystoscopic diagnosis is not clear, a pyelogram showing a normal pelvis and calyces will certainly rule out the assumption of malignant growth. In renal hematuria where it is doubtful whether the condition is a hydronephrosis, a true new growth, an inflammatory condition, or "essential hematuria," pyelograms are very necessary as a diagnostic measure. In polycystic kidneys the pyelogram is very apt to resemble or suggest at times a condition of hydronephrosis and at other times, more particularly where some of the cysts have become infected, that of pyonephrosis. There is nothing about the character of the pelvic deformity which is absolutely diagnostic, but the pictures are of value with the cystoscopic findings and the history.

The first case is an enormous diffuse carcinoma involving practically all of the kidney substance, occurring in a woman of forty who came under my observation on the first of September, 1915, for primary and secondary syphilis, and who received intensive treatment until May, 1916, when she was cured, because her blood and spinal Wassermann tests became negative and remained so until the time of her death. On September 1, 1916, she called my attention to a lump in her left side which seemed to be an enlarged and hardened spleen; the liver was also enlarged and painful. Naturally, with the history I suspected a luetic origin for these troubles, but there was nothing to indicate it in the blood, nor were there any other signs of lues. The tumor was ascertained to be retro-peritoneal. At the first cystoscopic examination, on September 15, I could not advance a No. 5 catheter more than 2 cm. into the right ureter. Phenolsulphonephthalein appeared on the right side in five minutes and on the left in three minutes. A pyelogram was taken with the cystoscope in place, but evidently the thorium did not pass the obstruction as there was no shadow in the picture. On the 26th of September, I passed No. 4 and 6 bougies up the right ureter to the kidney pelvis without trouble. A No. 5 catheter would not pass. On the third of October I succeeded in passing a No. 6 catheter into the ureter 3 cm. On the ninth of October, I passed a probe pointed No. 6 to the kidney pelvis but without obtaining any urine through it. Only 3 c. c. of thorium solution could be introduced before distention caused very great pain which lasted twenty-four hours, after which she passed a long ureteral clot. The ureter entered the narrow elongated pelvis about the level of the top of the third lumbar vertebra. The pelvis was deformed by being encroached upon in all directions and had lost all semblance to the usual funnel shape. The major calyx of the lower pole was retracted and extended perpendicularly to the longitudinal renal axis, its minor calyces had lost their contour. The superior calyx was also elongated and at its upper end there was a cup-like expansion, the minor calyces had disappeared. These deformities also appear in the kidney specimen. The pelvis and calyces are encroached upon and almost obliterated by the growth. This case well illustrates the rapidity with which a kidney can be destroyed by a neoplasm. At the first cystoscopic examination made I saw two spurts of urine coming from the right side and phthalein showed in five minutes. At the subsequent cystoscopic examination I could not obtain any urine. The tumor which was removed on October 16, showed practically complete destruction of the kidney substance by the infiltrating carcinoma.

The next case is the pyelogram of the left kidney from a man of 59, a patient of Dr. E. C. Moore who gave a history of recurrent attacks of pain in the lower abdomen accompanied by hematuria, lasting about six months. On operation, April 10, 1914, a hypernephroma was found. You will notice the narrowing of the kidney pelvis, the absence, or retraction, of the image of the ureter below the third lumbar vertebra and the elongation and retraction of the caudal major calyx. The minor calyces, two of them, can still

be seen at the end of the major calyces. The central major calyx has disappeared, the upper or superior calyx is elongated, retracted; and, between the eleventh and twelfth ribs appears an expansion which looks crescent shaped but when examined very carefully shows that there has been a rounding and flattening of the minor calyces which have disappeared, and that a cavity has been formed very much like that in the first picture, only it is imperfectly distended with the thorium solution. In neither of these radiographs is there any resemblance to other picture conditions found in kidney work.

The next case, a patient of Dr. Arthur Cecil, a woman aged 32, with a large lobular mass in each loin; albumin in the urine and total phthallein output of 20% in the first hour. The left ureteral shadow stops short at the level of the second lumbar vertebra, and the image of the pelvis appears very irregular with the calyces elongated and flattened and with a considerable collection of the injecting fluid at the level of the eleventh rib standing out very clearly. The image of the catheter on the right side is within the shadow of the pelvic bones, but one sees two distinct zones of the kidney pelvis, irregular and triangular, appearing first at the level of the middle of the body of the fourth lumbar vertebra. The calyces have disappeared, and outside, one at the level of the third lumbar vertebra and one directly above the crest of the ileum, are spaces that are filled with the injecting fluid. In this case, which was not operated, the diagnosis of polycystic kidneys was entirely justified because there is nothing about these images distinctive of inflammatory conditions of the pelvis, and nothing to indicate a hydronephrosis.

The next is a picture of a neoplasm removed by Dr. William Edwards and subsequently injected with collargol, which shows very plainly the deformity occasioned by the ingrowth of the tumor tissue into the pelvis of the kidney and the flattening and gradual disappearance of the calyces, both major and minor.

The next slide is also one of Dr. Cecil's, a man of 41 who had complained of pain in the right side, and blood in the urine; onset six weeks before operation. Phthalein appeared on the right side in nine minutes; left side in six. For the first thirty minutes, right 4%, left 27%. This pyelogram shows an infiltration of the lower pole of the kidney and in three distinct places, distention of the ends of the calyces. The upper portion shows the fluid used for injection entering into enlarged cavities,—portions of the pelvis of the upper pole, and lower distended calyces, a hydronephrotic condition evidently of this end of the kidney probably due to the pressure upon the ureter of the tumor in the lower pole.

The picture following is a drawing of this condition and shows how perfectly the photograph conforms to the actual condition and what valuable information may be obtained by pyelograms in doubtful cases of this kind. You will also see a small stone situated between the two lobes of the cut tumor. The tumor proved to be a Grawitz.

Book Reviews

A Manual of Anatomy. By Henry E. Radasch, M. Sc., M. D., Assistant Professor of Histology and Embryology in the Jefferson Medical College, Philadelphia. Octavo of 489 pages with 329 illustrations. Philadelphia and London: W. B. Saunders Company. 1917. Cloth, $3.50 net.

There is always use for a good manual of anatomy, one that states concisely and clearly the anatomical facts, not too briefly or too lengthy, but with a completeness that leaves the impression that essentials have not been sacrificed.

The present volume fulfills these requirements quite well and will be found very helpful in refreshing the memory and in reviewing. On the whole the illustrations are good, especially those of the chapters on osteology and syndesmology; many are rather diagrammatic, but this is more often advantageous than otherwise. Figures like 171 are not clear even as regards gross points and are therefore disappointing. The work can be recommended to students and practitioners. F. E. B.

Pharmacology, Therapeutics and Preventive Medicine. Edited by Fantus & Evans. Practical medicine series 1917, vol. 8. Chicago: Yearbook publishers. 1917. Price, $1.50.

General therapeutic technic. Etiotropic therapy. Restorative therapy. Symptom therapy. Toxicology. War-time economy in drugs. Non-pharmacal therapeutics. Physician and public health work. General sanitation. Personal hygiene. Climate and health. Inspection school children. Infectious and contagious diseases. Occupational diseases. Military hygiene.

Obstetrics. Edited by DeLee and Cary. Practical medicine series 1917. Chicago: Yearbook publishers. Price $1.35.

Pregnancy. Labor. Puerperium. New-born. Obstetrics in general.

Preventive Medicine and Hygiene. By Milton J. Rosenau. 3rd edition, containing special section on military hygiene. N. Y.: Appleton. 1917.

The third edition of Rosenau's work makes a timely appearance, especially as it embraces a section on military hygiene and is adapted to meet the present emergency. The entire work though, is a "war book" in its broadest sense, and presents revised and new material. The pages on military hygiene embrace instructions for the examination of recruits, the organization of military and medical units with special reference to the organization of the sanitary corps, the sanitary management of troops on the march, in trench or barracks, and personal hygiene of the individual soldier. The organization and management of base hospitals and the Red Cross are considered in detail. New diseases arising from the conditions and methods of modern warfare are discussed, such as trench fever, trench foot, war nephritis, shell shock, gas poisoning, etc. Tuberculosis, venereal diseases, and diseases common to camps and unfavorable conditions are discussed from the efficiency and prophylactic viewpoint.

Rosenau's work needs no commend—suffice to say that it stands alone as a book on sanitary and prophylactic medicine and is almost encyclopedic in its scope. The communicable diseases are classified and presented according to their usual transmission channels. Mental hygiene is given by Dr. Thos. W. Salmon. An extensive section on immunity, heredity and eugenics appears. Possibly too much space is devoted to immunology for a work of this character—few textbooks on bacteriology are as comprehensive. Environment and what we eat and drink are of

course extensively discussed. Sewage disposal is given attention by Whipple; vital statistics by Trask. Occupational diseases and industrial hygiene occupy a section—also schools and disinfection. E. A. V.

Theoretical and Applied Colloid Chemistry. By Wolfgang Ostwald. Authorized translation from German by Martin H. Fisher. New York: Wiley. 1917.

This is an elaboration of a series of lectures delivered by Dr. Ostwald before a number of American universities and societies during the winter of 1913-14. In hardly more than a half score years colloid chemistry has grown to be the giant of the chemical sciences. The first lectures deal with the fundamental properties of the colloids, their classification and their changes in state. All mystery concerning the colloids is dissipated and the colloids clearly established as standing midway between the mechanical suspensions and the molecular dispersed solutions. Of medical interest is the portion devoted to biology and pathology. Here the biologist has an open sesame to the mysteries of life. "All life processes take place in a colloid system." Living protoplasm is a colloid. Fischer's theory of edema is sustained in that the increased swelling and water content is brought about by an electrolyte action upon the plasma colloids. This theory has been attacked, but this attack is disarmed by the process of "syneresis." Syneresis is the property of gels, under thermal or chemic influences, to "weep" or "exude" a portion of itself in a fluid state. All the processes of life, embryonal development, growth, muscular contractions are expressed in terms of colloid reaction. Vital staining and synthetic biology are explained and made plausible. The book is a wonderfully lucid exposition of colloid chemistry. Every statement is substantiated by physical demonstration. I desire also to pay my respects to Martin Fischer, the translator. Neither in construction nor mode of expression is there a suggestion of the work being written in a foreign tongue. Not once from cover to cover, is there a quoted German word for want of an equivalent in our own language. E. A. V.

Clinical Treatise on Diseases of the Heart for General Practitioner. By Edward E. Cornwall. N. Y.: Rebman. 1917. Price, $1.50.

This volume is an excellent and terse primer for those who want to get the worn-out and incorrect attitude with which diseases of the heart were approached up to about fifteen years ago. It puts in readable and well tabulated form the old conceptions by which heart disease was judged according to murmurs and their exact time and place in the cardiac cycle. The later and more intelligent conceptions of adjudging heart disease from the point of view of the various functions of the heart muscle is given recognition hardly more than in passing. The writer betrays either serious ignorance of, or culpable misbelief in, the modern work which has done so much to lead us more intelligently in the treatment of cardiac disorders. To say, in speaking of paroxysmal tachycardia, that "the contractions are, in reality, extra systoles, and, possibly in some cases, may be produced by auricular fibrillation," betrays a woeful unfamiliarity with the pathology of this condition, and if this statement of the author's were accepted on faith one would feel sorry that the book were written. Furthermore, the enunciation as a dogma that the digitalis group is contraindicated in mitral stenosis makes one really feel that something ought to be done in the way of compelling a man to be licensed before he is allowed to have a book published.

The book is bound in Rebman gray, and the title is printed in a striking black along the outer side. This may make the book an attraction to some people. H. I. W.

Diseases of Women. By Henry Sturgeon Crossen. 4th edition. 1160 pages. 800 engravings. St. Louis: Mosby. 1917.

This practical and well-written book, while especially valuable to the general practitioner, has also its place in the library of the specialist in gynecology. There is no attempt to go into the technic of major surgical operations, but the book includes discussions of the conditions which necessitate operation and the preparation and after care of surgical cases as well as medico-legal problems.

The subject-matter is thoroughly up-to-date, the material is well arranged, and it is seldom that we find a subject treated in so clear, concise and comprehensive a manner. The illustrations, which are numerous, are particularly good and are a distinct aid to the text. There is added to this new fourth edition a chapter on the internal secretory glands in relation to gynecology by Dr. Hugo Ehrenfest, professor of gynecology and obstetrics in St. Louis University. This chapter is an instructive presentation of our present knowledge concerning the relation of the ductless glands to gynecology, and is a valuable addition to the book. M. A. S.

Correspondence

BOARD OF MEDICAL EXAMINERS.

San Francisco, California,
December 28, 1917.

To the Editor:

Dear Sir:—A matter of vital importance to the public and to the medical profession has arisen in connection with the status of the College of Physicians and Surgeons of San Francisco, and we feel at this time we should acquaint the readers of the Journal with certain salient facts bearing upon the recognition of the graduates of this institution afforded by the Board of Medical Examiners as well as the facts leading up to the recent investigation of the institution made by a special committee of the Board appointed by President P. T. Phillips in an official communication dated early in November and which is made a part of the committee report on the College.

The minutes of the Board of Medical Examiners show:

(1) That graduates of the College of Physicians and Surgeons have been admitted to examination by Boards of Examiners prior to 1913.

(It is a well known fact that many well qualified and successful alumni of the P. & S. are now practicing in California.)

(2) That the first report of the College Investigating Committee filed by Dr. H. E. Alderson under date of June 15, 1914, recommended temporary approval of the College of P. & S., San Francisco, without comment.

(3) That the 1915 College Investigation Committee report submitted by Dr. W. R. Molony suggested certain improvements in the teaching faculty as well as equipment of the school and recommended approval for one year during which time the suggested improvements were to be effected.

(4) That June 29, 1916, Dr. A. M. Smith as chairman of the College Investigation Committee, recommended approval of the school for an additional period of six months, stating therein that certain improvements recommended in a prior report had not been made.

(5) That certain improvements were made in 1916, and the January 1917 report recommended additional improvements, approving the institution until the middle of 1917.

(6) That subsequently the attention of Presi-

dent Phillips was called to certain statements evidencing an apparent retrogression at the College of P. & S. in course of instruction, attendance at lectures, etc., and a committee was then appointed as above noted, to file a comprehensive report with the Board.

This report has been compiled and at the present time is under consideration in Los Angeles, awaiting the vote of each member of the Board. Until this vote is recorded I deem it inadvisable to make public the findings, trusting that an opportunity may be afforded to devise ways and means of providing courses of instruction which will better qualify the students to fulfill the requirements of the California Medical Practice Act as well as to better fit them to treat the public.

There has been a change in the Dean of the institution initiated by the Faculty. The new Dean reports the installation of a new full time man in laboratory course, but the Trustees have not advised the Board of any further changes nor any prospective plans.

The Board of Medical Examiners will be prompt to act when conditions are called to their attention warranting the disapproval of a school and the problem now presenting itself must be solved by the determination as to how to provide the proper instruction for the students that they may fulfill the conditions imposed by law and that they may be qualified to treat the sick and afflicted.

May I respectfully request as executive officer of the Board of Medical Examiners that for the purpose of equitably placing questions of this nature before the medical profession, the undersigned be granted the courtesy of reading articles for publication bearing upon matters of interest to the Board of Medical Examiners, that opportunity of reply be offered, thus obviating the possibility of misinformation on subjects so vital to all concerned.

Respectfully yours,
CHARLES B. PINKHAM,
Secy.-Treas.

January 14th, 1918.

Dr. Chas. B. Pinkham, Secretary,
State Board of Medical Examiners,
Forum Building, Sacramento, Cal.

Dear Dr. Pinkham:

Your letter of December 28th has remained unanswered because of my absence from the city.

In that letter you advise me of various committee reports in the Board of Medical Examiners bearing on the College of Physicians and Surgeons of San Francisco. It seems to me that the public and the medical profession are little, if at all, concerned with the internal administrative arrangements of the Board, but that both the public and the medical profession are vitally concerned with those actions of the Board which are matters of public record.

You indicate in your letter that the Board has approved this college up to the present. I am in no way concerned with the means whereby the Board arrived at this conclusion. I am concerned, however, that whereas the California Board has approved this college, 39 other State Boards are reported to have refused to admit its graduates to examination; that the Army has refused medical recognition to its graduates and students, and that it has again been confirmed in Class C. rating by the Council on Education of the American Medical Association.

Furthermore, I am concerned over the fact that the three conditions enumerated above, one and all, preceded action by your Board, designed to force improvement or closure of this college.

Regarding the last paragraph of your letter, wherein you request the courtesy of reading articles designed for publication in the Journal so far as they relate to the Board of Medical Examiners, it will be a pleasure to accede in the future even more than in the past. Such editorials have already been submitted to Dr. Phillips at the original suggestion of the editor.

May I call your particular attention to the editorial entitled "Oral Examination for Medical Licenses" in the December issue, which was read in manuscript by Dr. Phillips who asked for the omission of a paragraph which he had himself previously suggested. The change was made and the editorial was again read by Dr. Phillips in galley proof and commended, Nevertheless, at the meeting of the Council of the State Medical Society in November, in Los Angeles, it is my understanding that Dr. Phillips expressed the opinion that this editorial was unfortunate, but, nevertheless, he was willing to let it stand.

I must insist, therefore, that the editor of the Journal be given the same privilege which you ask for the Board of Medical Examiners—i. e., the opportunity of replying to criticism of the Journal policy or contents arising from the State Board of Medical Examiners.

You imply in the last sentence of your letter the possibility of misinformation in material appearing in the Journal relating to the State Board. May I ask you explicitly if any such instance has occurred during my editorship?

Very truly yours,
ALFRED C. REED,
Editor.

EXCERPTS FROM LETTERS OF DR. GEO. J. McCHESNEY TO DR. HARRY M. SHERMAN, SAN FRANCISCO.

New York City.

Nobody told us that we should have our three typhoid injections before sailing. In fact can't sail without them. . . Goldthwaite hustled us all out of Washington up here to hear a lecture by Carrel on his famous technique. We rendezvoused at the Rockefeller Institute yesterday only to find he had expected us a week ago. We had a good talk from his assistants however. Finally the order, signed by the Sec. of War in Goldthwaite's presence, for us to go never reached the Commanding Officer at Port of Embarkation and that may delay us. However, we meet Goldthwaite daily at the Harvard Club and are keeping ourselves in readiness to sail at a moment's notice. When? God knows. Am stocking up with bedding roll, waterproof and mattress and couple of army blankets, overcoat, army slicker, ready made uniform, woolen underwear, sweaters, socks, etc., etc. . .

Brackett and Goldthwaite have desks in the Mills Building just beyond the Army and Navy Building. Fassett of Seattle, Cilley of N. Y., Dunlap of Wash., are captains, about ten altogether. Goldthwaite goes with us.

The trouble with the Carrel technique is that the Sol. deteriorates rapidly, has to be made up fresh every 24 hours and titrated to get it exactly neutral and a certain strength. Will send you details of it when I am settled and have more time.

The people here do not seem to be so excited over the war as I had been led to expect. They stare at me more here than in S. F. and one does not see the uniform nearly so often. People here guess two years more of the war. Cheerful!

New York, Oct. 8, 1917.

Well, I am not allowed to tell when I am sailing, from where, where to, or what, or anything about the trip over such as attacks real or imaginary. (The last is verbatim.) However, I will say that the date is imminent to say the least. . . One does not see as many uniforms on the street here as in S. F. They are down at the Long Island training camps.

Saw Ely for a moment this A. M. Said he had been straightened out and would be able to go with

the contingent. Goldthwaite says we are an orthopedic contingent or group and not a unit, as Pershing has requested that no more units be sent over for the present. This explains several things. Have not stepped inside a hospital except the Rockefeller Institute the first day. None of the men seem to have done so or felt like it as we were so unsettled reporting to Hoboken every day getting outfits, etc.

France, Nov. 3, 1917.

Am settled in France at last. My stay in England was quite brief, only awaiting orders in London for transportation to my present station which is with the St. Louis Base Hospital at Rouen, to observe the acute side of orthopedics in preparation for similar work in U. S. orthopedic hospitals when established.

We had an uneventful though slow and tedious trip across. Was not seasick at all. We waited five days in London for assignment by the British to British hospitals. With Col. Robt. Jones the first night at Officers' Overseas Club. He seems quite simple-minded and pleasant, and from all accounts has quite come into his own now in British medical circles. There were no air raids while I was there, though a big hole in Piccadilly, just west of the circus and half a mile from my hotel, was still unrepaired, and on my last night we were warned, but the raiders were repulsed at the coast. London is as dark at night as a one-horse village, though theaters are purposely kept going busily. One must not raise a window shade unless the light of the room is out, etc. One sees very few smartly dressed people, no smart autos or equipages, the streets are dirty and London is generally seedy. The shops are full, however, and everything is high priced, especially woolen underwear which I was told would be cheap.

When our orders came we were scattered from Aberdeen to Rouen. Fassett of Seattle went to the former, Ely to Liverpool, probably to do path. work with Cone, others to Leeds, Glasgow, Oxford, etc. Baldwin remains at Edinburgh, and Dignan, who used to assist Barbat, is at Cardiff or Bristol. Four orthopedic captains and 6 lieutenants came to France, and a rough crossing we had, I can tell you. Again I held my own, though with difficulty for a while. The train service in France is absolutely miserable and we were from 1 a. m. to 12 the next day coming here. I have an assistant in a 6 ft. 4 Mississippian who is just through a Pittsburgh hospital interneship. He rooms with me in a little canvas cabin.

The other orth. captains were distributed among the Lakeside or Cleveland unit near here and the N. Y. Presbyterian and the Philadelphia units, all running services of beds for British wounded. Now as I understand the proposition it is like this. By arrangement with Gen. Gorgas, orthopedists are to handle all joint injuries, acute as well as chronic, as it is not deemed fair that the general surgeon should see the wound through closure and then call upon the orthopedist to correct malposition and contractures and loosen up adhesions, etc. If the surgeon is not able to do it, the orthopedist should handle the case from the start, and it is so ordered. Also he is given the care of stumps and getting of artificial limbs. Hence, in England the men are familiarizing themselves with the chronic joints, adhesions, malunions, nerve injuries and stump prostheses, while we in France are to wise up on the acute phases of injuries 2 or 3 days old and on for a month or more. The fractured femurs are kept here till united, other injuries till able to stand a difficult channel trip or able to go back to the line without having to go to "Blighty" which is the soldiers' "War Heaven." The "Blighty" smile is an institution here, seen when the Tommy is told his wound will require his going to England.

Orthopedic hospitals are to be established back of the U. S. troops, and we men in training here are supposed to be the men to man them if they do not become so indispensable to the British that they can not be detached. Goldthwaite will see to the erecting and organizing of these, assisted by Majors Osgood in England, and Allison (formerly with this unit) in France. We men in France understand our present assignments are temporary for a month or two, but time will tell. At any rate, I am with a bunch of very nice chaps, headed by Major Fred Murphy. Have already four tents containing 14 beds each under my care, with more general than orthopedic cases so far, but that will be remedied gradually.

The Carrel Dakin technique is only partly carried out here. The tubes are used but the Sol. is not carefully prepared which is most important and the bacterial counts are not made. Eusol packs are very common—i. e., wet dressings of a "near Carrel" Sol. moistening the wound every 2 to 4 hours. They do not use B I P P, the paste of Bismuth, Iodoform and Paraffin which is slapped into wounds quite extensively at the C. C. S. or Casualty Clearing Stations. It may have its place as an emergency or time saving measure. Jones' splints are used almost exclusively and plaster paris not at all. It cannot be procured here. The former are really excellent for a cheap, simple splint, which allows easy access to dressings and are easy to apply. All necessary in war surgery near the front.

Goldthwaite says a manual is being prepared at Washington which will be the Bible for American Military orthopedists. It will include Jones' splints, some plaster and adherence to the Carrel technique. You may have a copy yourself by this time.

I have been here three days and every day a convoy of 100 wounded have been sent here from the Passenchaele front, our ops. range from 10 to 15 per day. I have done 2 already. The surgery is far from minor, I can assure you. It gives one a fresh idea of the horror of the business to see 100 come in, cold, wet, in pain or worse, all young, strong men and they are not rushed here now. I hear several units are not being used by the British and hence are absolutely idle and that Pershing has ordered that no more come over for the present. Hence the delays and heart burnings at home. I certainly am lucky so far.

France, Nov. 14th, 1917.

The British Tommy everyone says is an ideal patient, with his stolidity and bulldog grit. The Australians carry on to a certain point and then turn their faces to the wall with a "Kismet," from association with far easterners, probably. The Canadians stay with it for a time, "get their wind up" (Br. slang for going into a funk) and then come through and stick it out. But the Tommy just stays with it from start to finish and gives as little trouble as possible. This is told me by our C. O. Major Murphy.

France, Dec. 6th, 1917.

The Am. Hospital as we are told will be composed of nine separate units representing as many specialties. Now war practice as we, or rather these St. Louis men, have seen for 6 mos. is about 4/5 general surgery and general medicine, and for every group of base hospitals such as they have here at Rouen one small eye, or g. u., or skin, or nose and throat hospital will be associated. This is the British plan evolved after 3 years of hard experience. The St. Louis men agree with it and say the U. S. hosp. plan will make too many subdivisions of a hospital and lead to confusion. The oculist, nose and throat men here do 4/5 general

surgery. I do general surgery and orthopedists must expect to have to do it although their function is a definite one and will make a respectable subdivision if they are to handle all injured joints. Well, we shall all see.

There are two general cases that form the bulk of operated cases and we have been doing 20 to 30 a day during this Cambrai push. One is for missile fragments that have not yet caused much inflammation, the other is for (1) beginning cellulitis, or (2) opening up pus cavities, or (3) beginning gas bacillus infection, or (4) cutting away necrotic muscle in wounds that have come in without being dressed for several days. In all this latter group, side incisions, free counter openings, decisive surgery is necessary. Two days ago I had such a case coming under the head of (4), cut away large chunks of the Gastrocnemia, part of the soleus, etc., in an incision from the tendo Achilles to the knee. Then I inserted half a dozen Carrel tubes, put on a large cold Eusol pack with oil silk and had the tubes irrigated with cold Eusol every 2 hours day and night. Have dressed him daily since and his temp. comes down steadily. We are closing no wounds a la Carrel but they certainly "clean up" nicely under Carrel tubes into the bottom of the wound under the gauze and irrigated every 2 hours per bulb syringe. Try it. The formula for Eusol is

Calx Chlorinata	2 oz.
Acidi Borici	2 oz.
Aquae ad	1 gal.

Let stand 24 hours and filter.

It is claimed by the British that this evolves hypochlorous acid between c. 45 and 50, but there is no means of knowing and sometimes but very seldom then the Ca. Chlor. is too strong a sample, the patient complains of the skin being irritated. Anyway it is not alkaline and seems to be an efficient antiseptic and usually non-irritating as far as we can tell. Some of the men here apply it hot and I think weaken the antiseptic action by driving off the chlorine. I always use it cold.

Here they do not need M. D.'s so much as aeroplanes. We feel the war is going into the air more and more, and the U. S. can help quicker this way than any other.

France, Dec. 9, 1917.

The nurses have been here for six months and sometimes hand me one. For instance, I asked one man what was the discoloration on his knee. The nurse spoke up, "You're a Jock, aren't you?" I tumbled immediately. Another one asked for porridge at every meal till he learned better.

London, Jan. 4, 1918.

I have been ordered back to London, arriving here a week ago after a cold but uneventful trip from Rouen. . . As we did not have to report to our present station at Shepherd's Bush Military Orthopedic Hospital for 3 days, we saw some theaters and did some much needed shopping and reposing in comfortable beds in warm rooms, quite a change after our lodging in France. Everything quits here during the holidays and even now the work at this hospital is barely picking up. We arrived at the hospital on the 31st just in time for New Year's Eve celebration consisting of a turkey dinner and fancy dress ball of all the doctors and half the nursing staff. The next night we doctors had to go through it all again with the other half. Even I had to dance although I had quit 10 years ago. Don't talk to me about poor, sad England. Everything quits around the holidays, 2 days celebration at Xmas and Boxing Day and 2 days at New Year's. Theaters and shops are doing a big business right along, although we notice some food shortage in London, skimpy butter and sugar rations.

State Society

PAYMENT OF DUES.

Keep the Man at the Front in Good Standing.

The 1918 dues should be readily collected this year, as we believe there is no valid excuse for any delay. We wish to call attention, however, to the very important matter of every County Society making unusual efforts to keep the members at the front in good standing by paying their dues for them. This appears to be the custom in many places throughout the country.—Journal of the South Carolina Medical Association, Jan., 1918.

DUES OF MEMBERS IN SERVICE.

There seems to be considerable misunderstanding concerning the recent ruling of the Council in the matter of dues from members who have entered military service. The resolutions in question were the result of repeated calls on the part of County Societies for suggestions from the Council.

Due deliberation was given the matter in Council meeting. It was fully recognized that these men who joined the colors were doing a heroic duty, and the State and County Societies are under obligation to them. All honor is due them for their sacrifice. The practical question still remains, however: What is to be done about their legal defense, their parent organization?

Malpractice suits will still be filed against our members regardless of their national service. Two years after having rendered medical service they may be sued, and must be protected. Their defense depends upon the continuance of their membership. Legal defense costs money. The Government will not protect them.

It is as important to keep up legal defense as it is to keep up fire insurance or to pay taxes. The money spent is insignificant compared with the benefit bestowed, and hardly represents a sum greater than most men spend in one evening's entertainment.

One's obligations, moral, financial, and social, do not cease with his entrance into the military service.

The County Society is only given a suggestion for which it asked. It is only a suggestion, not a demand. It can make any arrangement for payment of dues that it sees fit. Several County Societies have donated these dues from its treasury. Other State Societies have dealt with this question in a similar manner; some have asked for full dues; some have exempted their members altogether, but have been reimbursed by the component organization.

The machinery of the State office should be kept running. Medical organization and fraternity are worth the price. Pay your dues in full, and prepare to return home in peace and happiness.

BEWARE OF SWINDLERS.

No doubt you may have seen the several notices, under "General News" in the Journal A. M. A. in several recent issues, entitled "Once more a warning." These refer to swindlers operating in different sections of the country,—various letters having been received from victims in Ohio, Colorado and other widely separated States. Now comes a letter from the well-known publishing house of W. B. Saunders Co. of Philadelphia, saying a man under the name of E. T. Rogers, claiming to represent the University Progressive Club of Cincinnati, for medical and other journals, has been victimizing physicians in Illinois; and the same subscription swindlers, or another under the name of Robert Wayne, has been relieving physicians of their well-earned cash in the region of Gary, Ind. It is believed there is concerted action, perhaps by an organized band, being taken at this time of

the year, to victimize physicians on so-called "subscription" schemes. Every physician should decline to pay any money by check, or otherwise, to subscription agents not personally known to him, or for whom other physicians cannot vouch. Many of these so-called agents operate under the guise of students "working their way through college."

TEACHING THE BLIND.

Miss Kate M. Foley, State Library Home Teacher for the Blind, is now teaching the adult blind in San Francisco and the Bay Region.

In the three years that Miss Foley has been connected with the State Library as home teacher, she has worked in Los Angeles city and county and has taught over two hundred adult blind to read embossed types. Some have learned to read more than one of the types.

Miss Foley also advises parents in reference to children with weak eyes, teaches the blind by correspondence and is always glad to accept invitations from clubs or other organizations to speak about her work or on any other subject of interest to the blind. Even those who are not blind but who cannot read ordinary print without straining their eyes are helped to learn to read embossed types in order to rest their eyes and save them from getting worse. Miss Foley goes to the homes of those who cannot come to her for lessons. The service is entirely free, as Miss Foley is employed by the State Library, the books in all types are furnished free on request from the State Library and the transportation through the mails to and from the borrower is free.

DEL MONTE NOTICE.

Tickets will be on sale for the going trip April 14th to 18th incl., 1918.

Certificates will be honored for return, April 16th to 20th incl., 1918.

Tickets may be sold to either Asilomar, Del Monte, Monterey or Pacific Grove, and certificates will be honored at either Del Monte, Monterey or Pacific Grove, Cal.

The name of the Joint Agent who will sign and verify the certificates is Mr. B. F. Wright, Agent Southern Pacific Company, Del Monte, Cal.

Railroads who will honor tickets (get receipt certificates): A. T. & S. F. Ry.—Coast Lines; Northwestern Pacific Railroad Co., The Salt Lake Route, Southern Pacific Co., The Western Pacific Railroad Co.

Through tickets must be purchased at initial point in order to secure the benefit of the one-half fare returning.

Tickets must be purchased both going and returning on the authorized dates only.

Obtain from the Ticket Agent a receipt certificate when purchasing a ticket for the going trip, and secure a separate receipt for each ticket.

Where meeting is held at Del Monte, Monterey, Pacific Grove, or Asilomar, tickets may be purchased to either of these points and receipts will be honored at either place.

Receipt Certificates will be honored for "return" for continuous trip tickets ONLY, and only to the original starting point.

Where tickets cover passage locally, the return trip must be over the same route as going trip, or via any other route between starting point and destination authorized by tariff of issuing line.

Where tickets cover passage over two or more lines, the return route must be via the same lines and junction points as the going trip.

Each certificate must be properly filled out, signed by the Secretary of the meeting and stamped and verified by the Joint Agent.

Each certificate must: (1) Show that ticket for going trip was purchased for passage on an authorized sale date and at a station from which special fare is authorized. (2) Be presented to Ticket Agent at place of meeting (or other authorized point) for purchase of return trip ticket on an authorized date of sale.

All certificates must be presented to the Secretary of the meeting for his (or his assistant's) signature. The Secretary will then present all certificates, but not less than fifty (50), to the Joint Agent for verification, signature and official stamp. The Joint Agent will then return the certificates to the Secretary of the meeting for distribution to original holders. The minimum attendance required at each meeting, for which excursion fares on the receipt-certificate-plan will be accorded is a total of fifty (50) delegates or attendants holding receipt certificates—except that for conventions in the States of Oregon and Washington, a minimum of one hundred (100) delegates is required.

All Agents are supplied with receipt certificate form blanks.

All certificates must be presented to the State Secretary for his signature at registration desk.

County Societies

ALAMEDA COUNTY.

The meeting of the Alameda County Medical Association, held January 7, 1918, was devoted to the subject of Mental Hygiene. In his address, "Mental Hygiene and its Relation to the Practice of Medicine," Dr. A. W. Stearns, Assistant Surgeon U. S. N., said in part:

At first glance Society appears to be an homogeneous mass, but closer study reveals various strata. Different factors place certain individuals high up in the scale and others near the bottom. Those at the bottom, the dependent classes, again appear to be in groups. Formerly, we were content to call these bad, poor and sick.

Now the group called sick have been subdivided and by means of accurate diagrams great improvement has been made in their condition. We are just beginning to apply the same method to the poor and bad groups with equally successful results. One of the most common findings in both of these groups is mental disease. This falls into three great subdivisions: the insane, the feeble-minded and the psychoneurotic. The psychoneurotics are perhaps the most neglected by the public. Mental hygiene deals with the prevention of these diseases. The three most important known causes are alcohol, syphilis and heredity, consequently a practical mental hygiene program should provide for attempts to diminish the amount of alcohol drunk, to decrease the prevalence of syphilis and to inhibit the reproduction of the unfit.

The paper was discussed by Mr. V. E. Dickson, Director of Reference and Research of the Oakland School Department; Dr. H. G. Thomas of Oakland and Dr. Lillian J. Martin of San Francisco.

Mr. August Vollmer, Chief of Police of Berkeley, was to have spoken on "Crime Problems in their Relation to Medicine," but was unavoidably absent.

The Department of Research and Psychology of the Oakland Board of Education is undertaking a study of some of the problems involved in educational and vocational guidance.

With this end in view it has selected the following three problems far careful and continued study:

1. What is the nature of the child?
2. What training can such a nature encompass with reasonable effort?
3. What is the nature and the training necessary to success in the various vocations? What abilities point toward success and what disabilities point toward failure?

The study will require the fullest cooperation of

the home, teacher, physician, psychologist, employer and research worker.

The meeting of the Alameda County Medical Association, held January 27, 1918, was devoted to the discussion of the Proposed Health Insurance Act, the program being arranged by Dr. G. G. Reinle. Dr. Langley Porter of San Francisco read a paper on "A Tentative Plan for the Working of the Proposed Compulsory Health Insurance Act," and Dr. W. E. Musgrave of San Francisco on "The Results of Compulsory Health Insurance to the Physician and Patient." The discussion of these papers was participated in by Doctors René Bine and J. H. Graves of San Francisco and Doctors T. C. McCleave, H. S. Delamere, L. P. Adams and Dudley Smith of Oakland.

Dr. N. H. Chamberlain, one of the best known physicians in Oakland, died Monday, January 21, 1918, at the Hahnemann Hospital in Chicago, following a stroke of apoplexy.

Professor F. P. Gay of the University of California was commissioned a major in the U. S. A. and is now stationed at Fort Sam Houston.

Dr. Mabel A. Geddes was recently appointed a member of the house staff of Fabiola Hospital at Oakland, California.

Captain A. M. Meads, of the University of California Infirmary, has been assigned to the Massachusetts General Hospital at Boston for service in the urological department.

CONTRA COSTA COUNTY.

The Contra Costa County Medical Society met in regular monthly session, Saturday night, January 26th, at Grande Vista Sanitarium. The Grande Vista is operated by Dr. H. N. Belgum, and is located in one of the most beautiful spots in California. The minutes of the previous meeting were read and approved. The following business was transacted: Dr. O'Malley made a motion that dues for the year 1918 should be nine dollars instead of eight dollars as heretofore. The motion was seconded by Dr. Keser and carried. A motion was made by Dr. O'Malley, and seconded by Dr. Brenemen, that the dues of our members who are in the army be seven dollars. This was also carried.

Dr. R. L. Rigdon of San Francisco gave an interesting and instructive talk on "Diagnosis of Surgical Diseases of the Kidney." His remarks were based upon his large clinical practice. It was well received and discussed with enthusiasm by the members. The meeting was followed by an elaborate luncheon given by Dr. Belgum. Adjournment was not until very late because of the comforts of a large grate fire and cigars.

Those present at the meeting were: Dr. Rigdon of San Francisco; Dr. Fitzgibbon of Cowell; Dr. Morill of Crockett; Dr. Brenemen of El Cerrito; Dr. O'Malley of Crockett. Those present from Richmond were: Dr. Carpenter, Dr. Blake, Dr. Keser, Dr. Smallwood, Dr. Cunningham, Dr. Abbott, Dr. Carpenter.

The regular meeting night for the Contra Costa Medical Society for the year will be the last Saturday night of each month.

FRESNO COUNTY.

County Society Meeting.

The regular meeting of the Fresno County Medical Society was held in the University Club quarters last Tuesday evening. The entire evening was given up to the discussion of "Problems of Social Insurance," "School Sanitation and Public Health," and the "Christian Scientist's Antagonism to Public Health Measures."

A committee recently appointed to revise and re-write the constitution and by-laws gave the first reading of the revised work; much valuable discussion occurred, such as there being no provision for the proper conduction of the hearing of complaints against member doctors. The committee was instructed to offer some plan for adoption at the next meeting.

Dr. Wallace P. Martin was appointed a committee of one to accumulate material for a medical library, arrangements having been made with the Fresno County Library Association for the addition of a medical branch to that institution. Many rare collections have already been donated by members. The society will endeavor to keep on file there all important current medical literature for the benefit of the profession and of science generally.

The secretary reported the receipt of $614 since the January meeting; also that he had remitted to the state secretary the sum of $420, and read the names of those for whom he had remitted. Every effort is being made to keep members paid up and in good standing with the state society.

Dr. R. M. Jones has returned from Ft. Riley, Kan., where he has been in the M. O. T. C.

Preparations are under way for the handling of the medical examination of "Drafts" to begin February 13 next.

Dr. Guy Manson has returned from several days at Bay City.

Dr. W. L. Adams, who has recently received a First Lieutenant's commission, is now on duty at the Letterman General Hospital, Presidio, San Francisco.

Dr. T. N. Sample is again on duty after a serious illness.

The next meeting of the Fresno County Medical Society will be held the evening of March 5, when Chief Vollmer of Berkeley's Police Department will speak on "The Causes of Crime."

HUMBOLDT COUNTY.

The following new officers were elected for Humboldt County Medical Society for 1918: President, Louis P. Dorais; vice-president, Joseph H. Walsh; treasurer, John A. Lane; secretary, Lawrence A. Wing; delegate to State Society, Louis P. Dorais; associate editor, Louis P. Dorais.

Death of Dr. Rae Felt during 1917 in San Francisco. Gall stone operation.

KERN COUNTY.

When it became known that Major Homer Rogers and Capt. C. W. Kellogg, both in service at Camp Kearny, were at home on a forty-eight hour furlough, the members of the medical profession in the city got together and, including among the guests of honor the other members of the profession who have received commissions, tendered them a banquet.

The guests of honor were, Major Homer Rogers, Capt. C. W. Kellogg, Lt. G. M. Bumgarner, Lt. Joe Smith and Major W. H. Cook.

Major Rogers and Capt. Kellogg are in service at Camp Kearny, Maj. Cook is a S. A. War veteran and has recently been appointed First Asst. Surgeon at Soldiers' Home, Sawtelle. Lts. Bumgarner and Smith are awaiting orders.

The banquet was held at Hotel Tegler, and the menu, under the personal supervision of Mr. Tegler, was certainly appreciated by all present. A notable feature was the entire absence of any alcoholic beverage.

Dr. S. F. Smith, whose son Joe is awaiting orders, was chosen toastmaster and presided in his usual affable manner.

Very instructive and enjoyable talks were made by Major Rogers and Capt. Kellogg describing medical life in camp, Major Cook, of Spanish War fame and Dr. Fred Crease, who has seen service in Canada during the Riel rebellion.

Those present, in addition to the guests of honor, were Drs. N. N. Brown, Buchner, Fred Crease, Geo. Crease, Cuneo, Fraser, Goodall, Gun-

dry, Hamlin, Hull, McNamara, Mitchell, Sabichi, Scott and S. F. Smith.

Dr. Morris dropped in for a few minutes and others who were unable to be present sent their regrets.

The very pleasant affair was closed by standing and drinking a toast, in Adam's ale, to our Lt. M. Y. Marshall, in service in an Eastern camp. Lt. Marshall was the first of the medical fraternity to join the colors from Bakersfield.

LOS ANGELES COUNTY.

County Medical Association Meeting.

The Los Angeles County Medical Association meeting took place January 17, the president, Dr. William Duffield, presiding.

Income Tax.—Mr. John P. Carter, Collector of Internal Revenue, spoke on this most intricate subject. He said that some points are still doubtful and had to be adjudicated, that the construction of the law is strict and ignorance of it is no excuse. The law requires that a statement of income must be made by all unmarried individuals where the amount is $1000 or more. The minimum income received by married individuals exempt from tax is $2000. Reports must be filed by March 1, and the tax paid by June 15. The subject, with discussion, covers some 2000 pages.

Social Health Insurance.—Dr. John R. Haynes spoke briefly on Workmen's Compensation Act, and approved of the same, saying that because of its success Governor Johnson appointed a committee and favored an amendment to the constitution in order that State Social Health Insurance may also become a law.

Mrs. Frances C. Noel, a Commissioner of State Social Health Insurance, said the Governor was urged to appoint the commission by civic workers who had made a study of it, and that it dates back to group insurance of the third century. She paid a high compliment to the secretary of the commission, Mrs. Barbara Nachtrieb-Grimes by graciously deferring the subject to her. Mrs. Nachtrieb-Grimes, a charming lady with a pleasing delivery, won the hearts of the medical fraternity present and captured their scientific minds by her convincing and lucid presentation. All the supposed opposition to Health Insurance seemed to vanish and the idea of holding hands with Christian Scientists to defeat the measure caused a good-natured ripple of laughter. Some questions were asked, rather for information than discussion.

Dr. C. P. Thomas said he feared the plan because of his experience with the operation of accident insurance. Mrs. Grimes agreed fully, but pointed out that Health Insurance will not be run for the benefit of insurance companies. Dr. Charles C. Browning moved that twelve members be appointed by the president for the study of the subject. Dr. Geo. H. Kress reminded Dr. Browning that he himself had appointed a committee while in office. Dr. Wenzlick, as chairman of that committee, mentioned that the committee had reported a year ago, but little interest was shown in the matter at that time, and that the report will appear in the February issue of the California State Journal of Medicine.

Mrs. Frances N. Noel, member of the California State Social Health Insurance Commission, stated that the impression has been created that Social Health Insurance is a purely Germanic idea. This is erroneous, for Social Insurance is in reality nothing but workmen's insurance, and as such dates back as far as the twelfth century. It has also been stated that the workers of California are opposed to Health Insurance. This is not so, for the State Federation of Labor endorsed Health Insurance at its last convention, October, 1917.

The California State Social Insurance Commission has endeavored in every possible way to gather the view-point of all concerned, and from the very beginning has invited representatives from organized employers, from organized labor, from the medical profession, from women's organizations, and from fraternal orders. As a Commission, it has consulted with every element whose viewpoint must necessarily come into consideration.

"One of the most difficult problems which confronts any Commission, especially an unpaid commission such as this, is to secure the right person for Executive Secretary. As a Commission, we were anxious to secure a home product, and we turned to our University in the hope that we would find the right person there. We were more than fortunate in finding a young woman who had passed the Bar and had taught economics in the University for one year. I take great pleasure in introducing to you now Mrs. Barbara Nachtrieb-Grimes, who is more able than I to talk to you as men of the medical profession, on the issue of Health Insurance, because she has of late been in constant touch with representative men of the medical profession up North, and she will bring to you a special message from them."

Mrs. Barbara Nachtrieb-Grimes, Executive Secretary of the State Social Health Insurance Commission, said:

"Mr. President and members of the Los Angeles County Medical Association.

"In presenting to you the subject of Social Health Insurance, I feel that you should not be considered merely physicians having a special interest in this very important subject. The social facts which make health insurance legislation really necessary in California should be placed before you as citizens of this state before the aspects of such legislation of special interest to you as a profession are discussed.

"In 1915, it was called forcibly to the attention of the legislature by persons engaged in the work of public charity in California that destitution and economic dependency among wage earners of the state were increasing at an alarming rate. It was pointed out that demands for public assistance were becoming so heavy as to be a great financial burden upon the public funds. The splendid results of our Workmen's Compensation Act in preventing pauperism from industrial accidents was pointed out and it was suggested that other Social Insurance might prove equally useful in cutting down the increasing amount of destitution. It was made very clear that in the opinion of these social workers California would have to do something to prevent its citizens from becoming dependent upon public charity if we were not to face the problem of an intolerable financial burden in taking care of them after they become unable to take care of themselves.

"As a result, the legislature created an unsalaried investigating commission to look into the matter, the Social Insurance Commission. The commission was directed thoroughly to investigate the social and industrial conditions in the state, in their relation to dependency problems, returning to the legislature the tabulated facts and to report to the legislature whether it was advisable and practicable for the state to take another step in the field of Social Insurance.

"The commission determined at once to concentrate upon one phase of the complex subject put before them so as to return to the legislature a report of real value rather than a superficial smattering of the whole question. The problem of sickness among wage workers was selected, with the branch of Social Insurance designed to cope with the problem, Social Health Insurance.

"The commission made a most intensive survey of the working and living conditions of the wage earners of California in their relation to the question before them.

"It will not be possible for me to discuss all

the surveys conducted, I shall, however, call attention to those of major importance.

"The general earning capacity of workers in California and the cost of living was first looked into, to see what margin was left for meeting the expenses and losses of illness. Since over half were securing less than $75 per month, and many between $50 and $60, with the cost of food and shelter (before the war) amounting to at least $50 for the average family of five, it was plain that with the other necessary expenses of light, heat and clothing, the earnings of the majority of wage earners were consumed in meeting the ordinary living expenses. In view of the comparatively high cost of medical and hospital care,—which I need not explain to members of your profession,—the expense coming at a time when the earning power of the sick wage earner was cut off, it was clear that a serious illness was bound to bring difficulty even to the more prosperous of the wage workers.

"From generalities the committee went to specific cases. Five thousand of the families asking for public charity in Los Angeles and San Francisco counties were investigated for the purpose of finding out the immediate cause of their destitute state. In over half the cases, 52 per cent. to be exact, sickness was the immediate cause. Sometimes it was illness of the wage earner, in other cases his dependents, and in some instances illness of the entire family.

"In 11 per cent. of the cases, tuberculosis was the specific disease. Tuberculosis is of course the most hopeless disease for the wage earner to face and the most impossible to deal with through charitable agencies because the treatment necessarily involves great expense. The tuberculosis visiting nurses can and do teach the tuberculous patients how not to infect other people, but their advice to these patients that they should have several quarts of milk and a half dozen eggs each day and if possible spend six months or a year in the country, in the face of their financial condition, is worse than useless. Seventy-five per cent. of the persons dying each year in this state from tuberculosis earn less than $1000 per year. These persons never had a chance for life and health.

"Whenever the statement is made that tuberculosis, if caught in its incipient stage is a curable disease, the qualification should be made 'for those who can afford the necessary treatment.' The social histories of 5000 of these patients, receiving care at the free clinics, were investigated. These clinics have had steadily increasing demands made for treatment and have not been able to enlarge their equipment fast enough to keep up with the growing number of applicants. It was found that 90 per cent. of the persons receiving medical charity from the free clinics were otherwise independent, self-supporting persons—having family income of from $60 to $100 per month. Only 10 per cent. were charity wards in the general sense of the word.

"The people asking for this medical charity are able to meet the ordinary expenses of life but cannot pay the rates demanded in private practice, for the care needed during illness. Thus, by virtue of the present lack of organization of medical aid for this large group of wage earners, the medical profession is rendering a vast amount of service to self-supporting persons, for no remuneration.

"The experience of 1000 women wage earners with illness was investigated. A record of the personal experience of women working in department stores, laundries and eating houses for the year 1915 was made. It was found that the great bulk of the indebtedness of the entire group for illness was incurred by less than 50 women. Some had bills amounting to 60, 70 and in a few instances, 90 per cent. of their annual income, because of one serious illness.

"The expense of 1000 male wage earners for the same year was a repetition of the same story. The cost and loss of a serious illness meant an intolerable burden to the unfortunate individual. Investigation of what the wage earners were doing to protect themselves against the losses of illness, disclosed the fact that a great many (mostly the better paid workers) were insuring themselves for cash benefits in fraternal orders and other mutual benefit societies. There was a great need felt in these societies for medical care as well, and the attempt was being made to provide it by contracting with a general physician at a very low rate of remuneration. In only one instance was a lodge found arranging for specialist care and that organization was finding the cost prohibitive. No lodge provided hospital care for its members. Many employers were feeling the need of providing care for their employees and were arranging with doctors on salary to do this work.

"In other words, a marked tendency was found toward contract medicine, allowing, of course, no choice of doctor, and in the efforts of the wage earners' societies, the arrangement provided only for a general practitioner with none of the specialties essential for modern scientific medicine.

"A survey of hospital space and equipment showed that we have not in the state two-thirds of the number of beds we should have to conform to standards, and most of the beds we have (about three-fourths of the total) are in commercial hospitals available only at a price beyond the means of the great majority of the people in this state,—the wage earners and their families.

"Surveys were made of two industrial centers, South San Francisco, a town of unusually high wage level, and the Potrero and South Mission district of San Francisco, where the poorer paid workers reside. It was found that the sickness rate in the prosperous town of South San Francisco was less than average while over 40 per cent. of the wage earners were insured in fraternals and unions. The sickness in the San Francisco district was unusually high while less than 1 per cent. of the inhabitants were protected through voluntary insurance. In other words, the people of the lowest earning capacity, with the greatest tendency to sickness and in the greatest danger of becoming dependent should sickness arrive, had not taken any precaution to protect themselves.

"The cities and counties of the state, it was found on investigation, spent over $2,000,000 in 1915 for the medical and general financial assistance of persons rendered destitute by illness. This was just 100 per cent. more than they spent in 1912. In other words, the demands upon public charity made by sickness had doubled in three years, involving an additional $7,000,000 expenditure.

"The commission was convinced by these facts that the problem of sickness among the wage earners of California was serious; that it was increasing at such a rate as to threaten financial hardship to the public funds. It was convinced that it was impossible for the majority of wage earners to afford to purchase scientific medical care with the result that a vast amount of preventable illness ensued. It had been shown that an increasing number of wage earners were receiving medical charity and that the largest single cause of public relief was illness in the wage-earning families. The commission felt it essential that the state take steps to prevent its wage earners from becoming destitute from this cause, rather than pursue the present unconstructive policy of taking care of them financially and medically after they are in distress.

"It advised the legislature that Social Health Insurance, providing that wage earners and their employers should pay when well and at work,

toward the insurance fund which would provide them with scientific medical care and hospital care and a substantial part of their wages when out of work because of illness, would effect this preventive policy. Social Health Insurance would distribute the burden of illness in such a way that it would be a burden no longer. It would make possible the practice of preventive medicine among the wage earners and give an opportunity to keep them well in place of the present wasteful system of caring for them after serious illness has set in. It would make it possible for wage-earning families to stand attacks of illness without having to ask help from public charities. It would give the tuberculous wage earner access to the sanitarium care he needs and the diet required for combating his disease, and would at the same time provide part of his wages for the care of his family. In other words, it would help to make tuberculosis a curable disease for the poor man as it is now for the well-to-do. It would enable a large number of persons, who now receive medical charity, to pay for the treatment they receive without being pauperized, and, without being burdened with debts, they would have access to the scientific medical and hospital care which in the interests of public health would be available for all persons.

"The commission reported that profit-making companies should not be permitted to participate in Social Health Insurance, since the cost by their presence would be tremendously increased and the proper organization of medical aid be prevented. Free choice of physicians by the wage earner and provision for diagnostic centers available for those practicing under the act, together with organization for specialist care, will be the basis of medical organization under the proposed California plan.

"The medical profession, which is really interested in bettering the public health of the community, should lend every assistance to the commission in the planning of this legislation which will mean the greatest step forward in public health."

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Eye and Ear Section.—Dec. 3, 1917.

Dr. Detling reported a case of death due to labyrinthitis with history of meningitis. Dr. Lefler operated on a woman for nasal obstruction. She had chronic discharge from the ears, defect of speech, and mitral insufficiency, and died suddenly, according to the death certificate, of ptomaine poisoning. Dr. George W. McCoy reported a case of frontal sinus infection relieved by removing pus. Nine months later patient returned with the same trouble, kidney complication, an edema around the eyes. After operation Dakin's solution was used, but infection spread over forehead and cheek. Three months later a left hemiplegia developed, the patient dying of brain abscess. In opening the ethmoids and antrum of a diabetic case it was found that they had been operated on before and that a probe probably passed into the brain tissue. The patient did well for eleven days when she died in diabetic coma. Dr. Rogers of Long Beach reported a boy dying suddenly from collapse three days after the third dose of antitoxin administered for diphtheria. His twin brother recovered from the same affection.

Dr. Charles G. Stivers has received his commission as First Licutenant in the Medical Reserve Corps and has been on duty since October with the Examining Board of the Aviation Section of the Signal Corps in Los Angeles.

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Pasadena Branch.

At the December meeting Dr. F. A. Speik was elected chairman, Dr. George E. Campbell, vice-chairman, and Dr. Harry F. Markolf, secretary-treasurer. At the January meeting Dr. S. J. Mattison talked on Acute Acidosis in Pregnancy, reporting a case. Dr. Lorena Breed discussed the laboratory methods and findings. A general discussion ensued. Dr. Henry Sherry talked on the need of medical assistance to families of soldiers.

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Santa Monica Bay Branch.

At a meeting of the Santa Monica Bay Branch, held at the Elks clubhouse, Santa Monica, on January 23rd, the following officers were elected for the year 1918: President, Dr. E. E. Roberts, Sawtelle; vice-president, not elected; secretary-treasurer, Dr. E. N. Reed, Santa Monica; councillor, Dr. I. N. Magee, Venice. Nine members were present, meeting at 6:30 p. m., and having dinner together, followed by a business and social meeting. This was a meeting in the interest of fraternity and good fellowship and as such it was a great success.

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Pomona Branch.

Pomona Branch of the Los Angeles County Medical Association reports that the meeting was called to order by Chairman Dr. Ralph Smith. Dr. E. E. Kelley was elected councillor to represent the Pomona Branch in the County Society, to fill the vacancy caused by the death of Dr. F. W. Thomas. Dr. C. C. Toland of Los Angeles presented a lantern to the society for use in presenting papers. A vote of thanks was tendered the doctor for the excellent gift. Papers were given by the following: Dr. A. D. Cooke, "The Problem of Pus in the Peritoneal Cavity." This was ably discussed by Drs. J. K. Swindt, Collins, C. G. Toland and E. E. Kelly. Able papers were given by Dr. N. J. Price on "The New Public Health," and Dr. Robert L. Smith, subject, "Intestinal Parasites." These papers were discussed by Drs. Hubble, Slaughter, A. B. Cook and Shirk.

Dr. Frank W. Thomas, prominent pioneer physician of Pomona, died at his home in Claremont January 13, 1918. He was a councillor of the Los Angeles County Medical Association, representing the Pomona Branch. He is survived by a widow and daughter.

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Los Feliz Hospital.

Los Feliz Hospital of Los Angeles, a corrective detention place for women under city supervision, is thoroughly equipped and was opened for public inspection on January 21. It is a war measure. The purpose is to reduce as far as possible the spread of infectious diseases and at the same time provide a helpful detention place for women who may fall under police supervision.

The hospital is up-to-date in every respect. It has fifty-one beds and will be conducted under the authority of the Los Angeles City Health Department and Health Commissioner Luther M. Powers.

The social service committee of the Board of Health will submit a report to the court following the hospital discharge of each patient, with such recommendation for leniency as the committee may deem proper, and will see to it that suitable employment is found for them when they leave the institution. Visiting at the hospital will be discouraged to avoid anything that tends to put the patients on exhibition. Dr. Harriet Probasco will be the medical head of the hospital with a corps of four or five nurses. There will be vocational training.

Guilty of Practicing Medicine Without License.

B. A. Lewis was sentenced to serve 300 days in the county jail or pay a fine of $300 by Superior Judge Paul J. McCormick on January 23. The State Board of Medical Examiners alleged that Lewis used cappers to engage Long Beach citizens in conversation in parks or on streets and induce persons afflicted to call at the Lewis medical establishment. A jury found him guilty.

W. B. Thompson of the "Little Church," Fifth avenue near Pico street, Los Angeles, entered a plea February 2 of guilty, in Police Judge Ray Chesebro's court and was also forbidden to apply for a license for two years. Fifteen women patients, several nurses, and others testified against him. Thompson practiced the "zonetherapy," consisting of tieing strings, of various colors, to the patient's fingers, fastening clothes pins on the nose, ears and toes, and the "laying on of hands." H. J. Castellan, special agent for the State Board of Medical Examiners, told of the nature of the evidence.

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Texas Bats Conscripted to Kill Mosquitoes.

Long Beach will import Texas bats noted for feeding on mosquitoes. County Health Officer Pomeroy has asked Major Lisenby to procure these night raiders of the swamps at once for the city reservoir on Signal Hill. Dr. Harold, county sanitary inspector, informed the city commissioners of Long Beach February 2 that an appeal to the State Board of Health would be made unless steps were taken to stop the hatching of mosquitoes in municipal reservoirs. The Long Beach Council of Defense has asked the same measure for the harbor district where mosquitoes interfere with shipbuilding.

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State Medical Advisory Board.

The State Medical Advisory Board for District 3, established headquarters January 14 at the Los Angeles County Hospital with Dr. Granville MacGowan as chairman. This board will hear appeals from findings of physicians working with the local boards, and by exercising a careful supervision, will reduce the number of men sent to camps who are physically unfit. The board is a new part of the selective machine, and holds practically the same position in regard to appeals on physical grounds as the district appeal board does to appeals on grounds of dependency, agricultural and industrial occupations.

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California Medical License Act Upheld.

The Act was attacked by L. E. Nickell and Robert J. Burke, self-styled "faith healers," in a case filed in Los Angeles in the United States district court, March 20, 1917. Three judges on January 21, denied a restraining order against the State Board of Medical Examiners and other officials, and as the case involved the constitutionality of the Act, it was appealed directly to the supreme court.

The contention was that the Act discriminated unduly between healing by "prayer," which was excepted from the operation of the Act, and healing by faith, the method of the "faith healers."

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Germans "Impersonal Enemy."

Dr. R. R. Burt of South Pasadena, now captain, writes from Camp Lewis that soldiers in the trenches have less hatred for Germans than the civilian population. "I begin to understand the viewpoint. Just as a patient that one operates on becomes a 'piece of work' on the table, and one tackles the job in an impersonal way without feelings of pity or nervousness, so in the war the game with the enemy seems to become more and more impersonal."

California's Death Rate Lowest.

Dr. Truby King of the Royal New Zealand Society for the Health of Women and Children, told an assembly of women under the auspices of the State Board of Charities and Correction at the Hotel Alexandria, on February 1, that the infant mortality in New Zealand during the last ten years has been reduced from 20 to 5 per cent. The lowest percentage of infant mortality is in England and the United States, with California the lowest of all.

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To the French Front.

Forty Los Angeles Nurses' aides have been called for immediate service by the government. Four hundred are enrolled and more are sought for the Red Cross. The women must have had hospital training; those speaking French are preferred.

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Personal.

Dr. James H. McBride of Pasadena left January 19 to take up war work in Washington under the Council of National Defense, as advisor on housing conditions. Mrs. McBride and their daughter, Miss Emily McBride, accompany him.

Major Chas. D. Lockwood, who organized the Pasadena Ambulance Corps No. 1, and twenty-nine other members of the organization, including five Pasadena boys, have arrived safely in France.

Dr. Alvin Shattuck died at the Los Angeles County Hospital January 28, to which place he was removed immediately after his arrest by detectives of the police narcotic squad for alleged drug running.

Dr. Frank A. Woodward, who has been connected with the Los Angeles Health Department for the past three years, left January 24 for active service in the military base hospital at Camp Bowie, Texas.

Capt. Clarence Moore of the Medical Corps, United States Army, was the guest of honor at a luncheon at the California Club, tendered by Dr. Walter Lindley. A number of prominent professional friends were present. Captain Moore left for his post at Fort McPherson, Ga., January 26. He has been here because of the illness of his father, Dr. M. L. Moore, who is now considered out of danger.

Dr. Ross Moore of Los Angeles has been seriously ill at Camp Bowie, Texas, where he is a major in the Medical Reserve Corps, temporarily attached to the base hospital.

Dr. John P. Gilmer, head of the receiving hospital, was appointed, February 4, as recruiting surgeon for the U. S. Navy. He took the examination several weeks ago at Mare Island.

MONTEREY COUNTY.

A special meeting of the County Society was held January 12, and the following were elected as officers for the ensuing year: President, H. C. Murphy (re-elected), Salinas; vice-president, Martin McAulay, Monterey; secretary, T. C. Edwards (re-elected), Salinas; treasurer, John Parker (re-elected), Salinas.

Dr. W. R. Reeves has been called to the front and is now stationed at Linda Vista, and has the rank of Lieutenant.

Dr. F. S. Baxter has been transferred to Mendocino County Society, as he has removed to Willitts, in that county.

SACRAMENTO COUNTY.

The regular monthly meeting of the Sacramento Society for Medical Improvement was held Tuesday evening, January 15, at the Hotel Sacramento. President Dr. G. A. Briggs presided. Number of members present, 27; visiting physicians, 4.

A very interesting and instructive paper on

"Acidosis in Diabetes" was read by Dr. Lovell Langstroth of San Francisco. The paper was discussed by Dr. Twitchell, Dr. Bramhall, Dr. Simmons, Dr. Howard and Dr. Gundrum. Closed by Dr. Langstroth.

Cases were reported by Dr. Twitchell, Dr. Gundrum, Dr. J. A. McKee and Dr. James.

The Milk Commission delivered its monthly report.

SAN BERNARDINO COUNTY.

The regular monthly meeting of the San Bernardino County Medical Society was held in Redlands January 8, 1918, at the University Club.

Dr. C. W. Anderson of Los Angeles, who has recently returned from Europe, gave a talk on "Work in a Base Hospital in France." Dr. Schreck of Redlands reported for the committee on care of the practices of the men called to war. Dr. Blythe of Redlands moved that the committee, with a report of the whole committee, report at the next meeting.

There were many members of the Riverside County Society present.

Dr. Anderson's subject was well discussed and many questions asked and answered.

A buffet luncheon was served.

Dr. T. J. Evans, Paradise Valley Sanatorium, National City, Cal., moved to Colorado Springs, Colo. Will join society there.

Dr. G. G. Moseley moved to San Francisco.

Dr. W. B. Power moved to New York.

The names of Dr. Charles A. Harrison, College of Medical Evangelists, 1915; Dr. Arthur N. Donaldson, College of Medical Evangelists, 1915, and Dr. W. B. McGill, University of Pennsylvania, 1889, were received on application to become members of the society, and read at the meeting and referred to the Board of Censors in due form.

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The regular meeting of the San Bernardino County Medical Society was held at the Ramona Hospital, San Bernardino, on February 5, 1918.

Dr. C. G. Hilliard, "Some Unusual Anatomical Structures Found in Hernia Sacs," with report of a case.

Dr. P. M. Savage, "Two Fatal Cases of Botulism."

Dr. H. W. Mills, "Sarcomatous Degeneration of Uterine Fibromata," with report of two cases.

SAN DIEGO COUNTY.

The second meeting of the Medical Society in January carried a scientific program by two members of the Los Angeles Society. Dr. Donald Frick presented a paper on the efficiency classification of nephritis and the dietetic treatment indicated in the various forms and stages. Dr. R. B. Hill gave a clinical paper based on his own personal results in the treatment of syphilis of the nervous system. Both of these papers were ably presented and received free discussion.

A committee is at work drafting a constitution for the approval of the San Diego County Medical Society.

The work of the County Hospital under County Physician Wicherski is now thoroughly organized for the ensuing year. The new staff has begun its duties with that comfort of mind only made possible by the presence of competent internes. The tuberculosis pavilion is well under way. Its completion will release abundant space for the department of obstetrics and the nursery.

During the month San Diego has lost two of her valued members of the profession in the persons of Dr. C. W. Taylor-Goodman, Michigan University, 1880, and Dr. Daniel D. Whedon, Long Island College, 1905.

The San Diego Diagnostic Group Clinic has just completed its first year of service and will shortly issue a synopsis of the work, with a detailed classification of cases and end results, so far as obtainable. Members of the staff are unanimous in defining the work as a very high grade of graduate instruction in diagnosis, and their enthusiasm in the service remains unabated.

SAN FRANCISCO COUNTY.

During the month of January, 1918, the following meetings were held:

Tuesday, January 8—General Meeting.

University of California Hospital Clinical Evening.

1. A case of continued fever (four weeks duration) in a child of six years; presentation of case. Rachel Ash.
2. The treatment of incomplete inguinal hernia by the Kocher operation. W. I. Terry.
3. Case reports.
   Frank W. Lynch:
   A. X-rays and photographs of skulls of pregnant women whose faces showed thickening of features.
   B. X-rays of pelvis of pregnant and non-pregnant women, showing little or no difference in the sacroiliac joints.
   C. Demonstration of specimens: (a) cancer of the uterus; (b) prolapse of the uterus.
   D. Microscopic slides showing the fate of fibroids during pregnancy and the puerperium.
4. Occurence of a positive intradermal reaction in meningococcus carriers, and its significance. F. P. Gay and A. J. Minaker.
5. Acidosis in diabetes. Lovell Langstroth.

Tuesday, January 15—Section on Surgery.

1. Measures taken by the City Board of Health for the prevention and treatment of venereal diseases. John A. Sperry.
2. The control of vice diseases among troops through civil and federal cooperation. Colonel L. M. Maus, U. S. Army.

Tuesday, January 22—Section on Eye, Ear, Nose and Throat.

Aviation, with special reference to examination of candidates.

1. Introductory remarks. Major R. H. Fletcher, Chief Aeronautical Officer, Western Division, U. S. Army.
2. Examination of candidates. Captain Henry Horn.
3. Psychological examination. Professor G. M. Stratton, President of the Examining Board.
4. Eye qualifications. Walter Scott Franklin.
5. Ear qualifications. Lieutenant F. W. Lewitt.

Demonstration of examination of candidates in the Barany chair, and eye tests.

Tuesday, January 29—Section on Urology.

1. Teratoma Testis. Frank Hinman.

Presentation of operated cases by Frank Hinman and L. Eloesser.

SAN JOAQUIN COUNTY.

The regular monthly meeting of the San Joaquin County Medical Society was held at the Chamber of Commerce, Friday evening, January 25. Those present were Drs. R. T. McGurk, C. D. Holliger, Minerva Goodman, J. V. Craviotto, L. Bozier, J. T. Davison, Margaret Smyth, Fred Clark, Mary Taylor, C. F. English, and Dr. Grant Selfridge of San Francisco as guest.

The paper of the evening was given by Dr. Selfridge on "Spasmodic Vasomotor Disturbances of Upper Respiratory Tract with Special Reference to Hay Fever." The doctor's address showed a very thorough investigation of the western coast as to

the pollens causing hay fever. His classification of the causes and consequent treatment showed much careful work, and if carefully followed would give relief to most of these sufferers.

SANTA CRUZ COUNTY.

The Santa Cruz County Medical Society held a meeting on January 19 and elected the following officers: President, Dr. Easterday; 1st vice-president, Dr. W. H. Keck; 2nd vice-president, Dr. H. G. Watters; secretary-treasurer, Dr. A. N. Nittler; delegate, Dr. P. T. Phillips; alternate, Dr. H. E. Piper; censors, Dr. F. H. Koepke (1918), Dr. L. M. Liles (1919), Dr. A. F. Cowden (1920); corresponding editor, Dr. A. N. Nittler.

SANTA BARBARA COUNTY.

The annual meeting of the Santa Barbara County Medical Society was held Monday evening, January 14. An unusually large attendance was present to hear the paper of the evening, delivered by Miss Jameson, Superintendent of the Cottage Hospital, Santa Barbara, her subject being "The Small Community Hospital and the Doctor." The paper was very interesting and highly instructive, and a hearty discussion of same was entered into by all present.

The officers elected for the ensuing year are as follows: President, Dr. Wm. H. Campbell; vice-president, Dr. Benj. Bakewell; vice-president at large, Dr. L. Bert Coblentz, Santa Maria; secretary and treasurer, Dr. R. Manning Clarke; delegate, Dr. R. Manning Clarke; alternate delegate, Dr. Lawrence R. Ryan.

YOLO COUNTY.

The Yolo County Medical Society meets on the first Tuesday of each month at the homes of the members.

The following officers were elected for 1918: H. D. Lawhead, president; M. B. Bransford, vice-president; Frances Louise Newton, secretary and treasurer. The secretary was appointed county editor for the Journal.

There was no meeting held in January. The society met on February 5th at the residence of Dr. C. E. Beebe. Subject: "Confinement Complicated by Malaria."

Dr. W. E. Bates was delegate to the State Medical Society which meets at Del Monte in April. Dr. M. W. Ward, alternate.

Military News

OMISSIONS AND CORRECTIONS IN RE PHYSICIANS IN SERVICE.

Lieut. H. R. Evans, Troña, Cal.

1st Lieut. F. C. Smith, 291 Geary St., San Francisco, Cal.

1st Lieut. Robert M. Jones, Culver City, Cal.

1st Lieut. W. L. Grant, Pomona, Cal.

Capt. Lawrence H. Hoffman, 135 Stockton St., San Francisco, Cal.

1st Lieut. Samuel M. Sproat, Portola, Cal.

Asst. Surg. F. B. Galbraith, San Francisco, Cal.

Capt. L. A. Anthony, Novato, Cal., was reported 1st Lieut. in January issue.

BASE HOSPITAL NUMBER THIRTY, CLINICAL SOCIETY.

Base Hospital Number 30, Clinical Society, was organized January 4th, 1918, at the Camp of the Unit at Fort Mason, San Francisco. Colonel Elmer A. Dean, M. C., was elected president and Captain E. H. Falconer, M. R. C., Secretary. Visitors are welcome at the meetings, which are held every Friday at 3 p. m., and which have for their object the presentation and discussion of medico-military topics.

The following papers have been presented:

January 4th—Soldiers' Heart or Effort Syndrome. Major Eugene S. Kilgore, M. R. C.

January 11th—Some points in the examination of troops for tuberculosis. Capt. E. H. Falconer, M. R. C.

January 18th—Treatment of Infected Wounds. Capt. H. S. Thomson, M. R. C.

January 25th—Treatment of Infected Wounds by the Chlorine Compounds and their derivatives. Lieut. J. H. Woolsey, M. R. C.

February 1st—Shell Shock and the War Psychoses. Capt. H. W. Wright, M. R. C.

MILITARY ANTI-TUBERCULOSIS PROGRAM.

Plans for a complete program for the prevention of tuberculosis in the army have been perfected by the National Association for the Study and Prevention of Tuberculosis, working in co-operation with the Surgeon-General, the Y. M. C. A., and other agencies. This, it is predicted, will put the impending second draft on a better health basis than the first. The program will include not only a follow-up for every man discharged on account of tuberculosis, but a thorough-going health educational campaign among the soldiers.

The National Association program falls into two main divisions: (a) follow-up work and (b) educational work. The first obstacle to the follow-up program was Section Eleven of the Selective Service Regulations regarding the second draft which forbids giving a record of a man's condition to anyone except certain designated officials. The National Association officers, however, placed before the War Department the importance of this work and were influential in persuading them to open the records of rejected men to state and local Boards of Health throughout the country, through the United States Public Health Service and the Council of National Defense.

Inasmuch as the above section of the regulations does not apply to men dismissed from training camps after they have passed draft boards, the Association arranged with the Surgeon-General and the division surgeons in camps to receive the names of all men thus dismissed. These lists are divided up by states and forwarded to state associations and state boards of health for follow-up work. Where men are referred to localities where there are not at present facilities for this follow-up work, the Association will use its good offices to promote the establishing of such facilities.

In the meantime, the Medical Department of the Army has perfected its machinery for weeding out these tuberculosis cases. Every man passed by the draft board after going into camp is examined by the Regimental Surgeon, re-examined by a tuberculosis board, and then, if suspected of tuberculosis, again examined by a tuberculosis expert. This follows a general policy mapped out and recommended by the National Association.

A large number of men have already been accepted into the service who were known to be tuberculous, many of them formerly inmates of tuberculosis sanatoria. Part of the Association's work has been to get in touch with every tuberculosis sanatorium and dispensary in the country and compile lists of all recent male inmates of draft age, giving the history of their cases and whether or not it was known if they were in the army at present. Hundreds of such names have already been received. This data is forwarded to the training camps, the men are located and the results are reported back to the sources of information.

The Association is also co-operating with the Surgeon-General's office to aid the Government in providing sanatoria for those men who have been discharged from the service on account of tuberculosis after their probationary period has expired. All full-fledged soldiers and sailors returned from France or other stations will be cared for as near

to their own homes as possible in sanatoria accommodations provided by the Government. The Government intends to utilize as far as possible existing institutions.

From the second or educational division of the program it is hoped to derive the greater ultimate good by the establishment of fundamental preventive measures among the well. In co-operation with the Educational Committee of the National War Work Council of the Y. M. C. A., the National Association will furnish a number of stock lectures dealing with tuberculosis together with lantern slides to illustrate them. It will also arrange to put the educational secretaries of each of the camps in touch with public lecturers in and around their respective camps. The Association has requested the War Department to give careful consideration to the desirability of appointing one or more special officers detailed to lecture on tuberculosis and allied health subjects in all of the army camps throughout the country.

The Association has prepared a special circular entitled "Red Blood," giving in brief and attractive form a message to the soldier relative to personal fitness, a health "Don't Card," and a Public Health Manual may also be distributed, the latter being a text book of personal hygiene. The Association will also arrange to distribute through the departmental executives of the Y. M. C. A. a number of special tuberculosis exhibits known popularly as "The Parcel Post Exhibit." In connection with these, moving-picture films and lantern slides will be used.

State Board of Health

JANUARY MEETING.

The State Board of Health met in Sacramento on January 5, 1918. The following members were present: Dr. George E. Ebright, President; Dr. Fred F. Gundrum, Vice-President; Dr. Edward F. Glaser, Dr. Robert A. Peers, and Dr. W. A. Sawyer, Secretary.

For the purpose of cooperating with the United States Food Administration in the investigation of concentrated stock feeds and their adulteration, Mr. F. W. Waite of El Centro was temporarily appointed inspector, without salary, in the Bureau of Foods and Drugs.

A telegram from the Minnesota Social Hygiene Commission was presented. The Commission requested that Dr. H. G. Irvine, Director of the Bureau of Venereal Diseases, be given a leave so that he could organize a Bureau of Venereal Diseases under the Commission and the State Board of Health of Minnesota. The Board granted one month's leave without salary.

A communication from the Director of the United States Bureau of the Census was read. The letter stated that, in response to the request of the Board that California be added to the Registration Area for births, special agents would be sent to California in the latter part of February to investigate the completeness of birth registration.

Two nurses were given certificates of registration through reciprocity, and a committee was appointed to supervise the preparation of questions for the examination for certification as registered nurse to be held in Sacramento, San Francisco and Los Angeles on February 20 and 21, 1918.

In response to a request from the University of California for rulings regarding the proposed five-year course for nurses, and the status of university graduates who entered the training school for nurses, the following resolutions were passed:

"Resolved, That the proposed five-year course of training in nursing by the University of California, including three years in the Academic Departments and two years in the University Hospital, be accepted as meeting in full the requirements of the Nurses Registration Act for an accredited training school.

"Resolved, That a regular collegiate course in the University of California, leading to a degree and two additional years of training in the University of California Hospital be accepted as meeting in full the requirements of the Nurses Registration Act for an accredited training school."

A communication was received from the State Council of Defense, urging the Board to keep a high standard of education for nurses in order that nurses going into the army would be properly trained. The Secretary was instructed to write to the Council of Defense that every measure would be taken by the Bureau of Registration of Nurses to carry out the suggestion from the State and National Councils of Defense, and that active work in raising the standards of nursing education had been carried on by the Bureau from the time of its establishment.

The Arroyo Sanitarium near Livermore, which is the new Tuberculosis Hospital of Alameda County, was added to the list of hospitals eligible for the tuberculosis subsidy, effective on the date of opening, January 12, 1918.

The Board gave instructions that a protest be made to the authorities in Washington against the practice of giving cash mileage, instead of transportation to their homes, to soldiers discharged from army camps on account of tuberculosis. It was pointed out that the present practice would result in an unjust burden on California institutions as it encourages the men to remain in California instead of returning to be cared for by their home states.

The Board approved the plan of the director of the Bureau of Tuberculosis to show two moving picture films on tuberculosis and to make an extensive tuberculosis exhibit at Camp Kearny.

A request that permission be granted to irrigate cauliflower for the New York market with sewage was denied.

Thirty-eight members of County Plumbers' Examining Boards were appointed.

The findings of W. A. Sawyer, the examiner appointed by the Board to hold a hearing in the matter of the application of the West San Joaquin Valley Water Company for a permit to supply water to the city of Los Banos, were presented and adopted. On the basis of the findings the Board adopted a resolution and order requiring the water company to install modern, gravity, rapid sand filters, and to provide for proper sterilization of the water.

The Board gave its approval to the permission granted by the Spring Valley Water Company to the United States Government to use certain watershed lands for army maneuvering purposes under specified conditions.

Temporary permits to operate swimming pools were granted to six establishments.

Two firms were given licenses to operate cold storage warehouses.

One hundred and sixty cases of alleged violations of the food and drug acts had been set for hearing on this date. In fifty-one cases appearance was made in person or through attorney, and the remaining cases were referred to the Board's Food and Drug Committee for action. Most of the cases were referred to district attorneys for prosecution.

W. A. SAWYER, Secretary.

FEBRUARY MEETING.

The State Board of Health met in Sacramento on February 2, 1918. The following members were present: Dr. George E. Ebright, president; Dr. Fred F. Gundrum, vice-president; Dr. Edward F. Glaser, Dr. Robert A. Peers, Dr. Adelaide Brown, and Dr. Wilfred H. Kellogg, secretary.

Dr. Wilfred H. Kellogg was appointed secretary

of the Board to succeed Dr. W. A. Sawyer, resigned. Dr. Frank L. Kelly, Epidemiologist in the Bureau of Communicable Diseases, was appointed Acting Director of the Bureau of Communicable Diseases. A leave of absence was granted to Prof. Chas. A. Kofoid, Consulting Biologist and Director of the Division of Biology, Bureau of Communicable Diseases, such leave to extend during the period of the war. Prof. Wm. W. Cort was appointed to succeed Prof. Kofoid.

Upon recommendation of the Director of the Bureau of Communicable Diseases, it was determined that the Fresno Branch Laboratory should be discontinued March 1, 1918.

Upon the recommendation of the Director of the Bureau of Registration of Nurses, eleven training schools for nurses connected with hospitals in California, having been inspected and found to meet the full requirements of the Board, were placed on the accredited list for one year. Six nurses were given certificates of registration through reciprocity.

The Director of the Bureau of Registration of Nurses in a communication to the Board stated that the National Council of Defense urges co-operation in meeting the nursing problems that have arisen because of the war, such co-operation to be based chiefly upon the maintenance of a high standard of nursing education, urging hospitals to increase facilities for training nurses. The Council also asks that discouragement be given to short term hospital courses, since they tend to break down the organized machinery of training for nurses. The Board has instructed that the National Council of Defense be assured that every effort will be made to maintain a high standard of nursing in California.

Temporary permits to operate swimming pools were granted to the owners of seventeen such swimming pools, pending the personal inspection by the Director of the Bureau of Sanitary Engineering.

A permit was granted to the Banning Water Company to supply water to the inhabitants of Banning, with the provisions that the supply be kept safe and sanitary and that no modifications or additions to works or source be undertaken without the approval of the Board.

One hundred and two cases of alleged violations of the Food and Drug Acts were set for hearing. Fifty-three of these cases were referred to district attorneys for prosecution.

WILFRED H. KELLOGG,
Secretary.

State Board of Pharmacy

STATUTES REGULATING SALE OF POISONS

It shall be unlawful for any practitioner of medicine, dentistry or veterinary medicine to furnish or prescribe for the use of any habitual user of the same, or of any one representing himself as such, any cocaine, opium, morphine, codeine, heroin, or chloral hydrate, or any salt, derivative or compound of the foregoing substances or their salts, derivatives or compounds; and it shall also be unlawful for any practitioner of medicine or dentistry to prescribe any of the foregoing substances for any person not under his treatment in the regular practice of his profession, or for any veterinary surgeon to prescribe any of the foregoing substances for the use of any human being; provided, however, that the provisions of this section shall not be construed to prevent any duly licensed physician from furnishing or prescribing in good faith as their physician by them employed as such, for any habitual user of any narcotic drugs who is under his professional care, such substances as he may deem necessary for their treatment, when such prescriptions are not given or substances furnished for the purpose of evading the purposes of this act; provided, that such licensed physician shall report in writing, over his signature, by registered mail, to the office of the California State Board of Pharmacy, within twenty-four hours after the first treatment, each and every habitual user of such narcotic drugs as are enumerated in this section, whom he or she has taken, in good faith, under his or her professional care, for the cure of such habit, such report to contain the date, name and address of such patient, and the name and quantity of the narcotic or narcotics prescribed in such treatment; provided, further, that the provision immediately foregoing shall not apply to any licensed physician treating such habitue in good faith who personally administers such narcotics, enumerated in this section, after writing a prescription therefor; and provided, further, that the above provisions shall not apply to preparations sold or dispensed without a physician's prescription containing not more than two grains of opium, or one-fourth grain of morphine, or one grain of codeine, or one-eighth grain of heroin, or ten grains chloral hydrate or four grains of Indian hemp or loco weed in one fluid ounce or, if a solid preparation, in one ounce, avoirdupois.

Department of Pharmacy and Chemistry

REPORTING OF ACCIDENTS FROM LOCAL ANESTHETICS.

The Committee on Therapeutic Research of the Council on Pharmacy and Chemistry of the American Medical Association has undertaken a study of the accidents following the clinical use of local anesthetics, especially those following ordinary therapeutic doses. It is hoped that this study may lead to a better understanding of the cause of such accidents, and consequently to methods of avoiding them, or, at least, of treating them successfully when they occur.

It is becoming apparent that several of the local anesthetics, if not all of those in general use, are prone to cause death or symptoms of severe poisoning in a small percentage of those cases in which the dose used has been hitherto considered quite safe.

The infrequent occurrence of these accidents and their production by relatively small doses point to a peculiar hypersensitiveness on the part of those in whom the accidents occur. The data necessary for a study of these accidents are at present wholly insufficient, especially since the symptoms described in most of the cases are quite different from those commonly observed in animals even after the administration of toxic, but not fatal, doses.

Such accidents are seldom reported in detail in the medical literature, partly because physicians and dentists fear that they may be held to blame should they report them, partly, perhaps, because they have failed to appreciate the importance of the matter from the standpoint of the protection of the public.

It is evident that a broader view should prevail, and that physicians should be informed regarding the conditions under which such accidents occur in order that they may be avoided. It is also evident that the best protection against such unjust accusations, and the best means of preventing such accidents consist in the publication of careful detailed records when they have occurred, with the attending circumstances. These should be reported in the medical or dental journals when possible; but when, for any reason, this seems undesirable, a confidential report may be filed with Dr. R. A. Hatcher, 414 East Twenty-Sixth Street, New York City, who has been appointed by the Committee to collect this information.

If desired, such reports will be considered

strictly confidential so far as the name of the patient and that of the medical attendant are concerned, and such information will be used solely as a means of studying the problem of toxicity of this class of agents, unless permission is given to use the name.

All available facts, both public and private, should be included in these reports, but the following data are especially to be desired in those cases in which more detailed reports cannot be made:

The age, sex, and general history of the patient should be given in as great detail as possible. The state of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution employed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), and whether applied to the mouth, nose, or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few seconds.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the duration of the symptoms, should be recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is important to state whether antidotes were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidotes were used.

While such detailed information, together with any other available data, are desirable, it is not to be understood that the inability to supply such details should prevent the publication of reports of poisoning, however meager the data, so long as accuracy is observed.

The committee urges on all anesthetists, surgeons, physicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention to the character of observations desired.

TORALD SOLLMANN, Chairman,
R. A. HATCHER, Special Referee,
Therapeutic Research Committee of the Council on Pharmacy and Chemistry of the American Medical Association, January 15, 1918.

Rules for Government of Maternity Hospitals

STATE BOARD OF CHARITIES AND CORRECTION.

(In accordance with Chapter 69, Statutes 1913.)

Physical Equipment.

1. All rooms and wards shall be outside rooms and the window space shall not be less than one-fifth of the floor space.

2. The rooms and wards shall be of sufficient size to allow not less than 1,000 cubic feet air space for each adult patient and 500 cubic feet air space for each infant kept therein; also 100 square feet floor space for each bed.

3. The heating of all rooms shall be of sanitary type.

4. The flooring and walls shall be in condition and of a character to permit of easy cleaning. All parts of a maternity hospital shall be kept in a cleanly condition.

5. The plumbing and draining or other arrangements for the disposal of excreta and household waste shall be in accordance with the best sanitary practice, subject to the approval of the State Board of Charities and Corrections, and in accordance with the rules and regulations of the local board of health or city ordinance. The water supply shall be pure.

6. A confinement room properly equipped shall be provided. Dressings and medicines for emergencies, clean bedding, body linen and towels shall be kept on hand in sufficient quantity. Means for sterilizing instruments shall be provided and a properly trapped and vented basin supplied with running water for washing the hands.

7. Provision for the isolation of contagious diseases must be made.

8. Sanitary accommodations for thorough bathing of patients and infants must be made part of the equipment of the institution.

9. Fire protection shall meet the approval of the State Board of Charities and Corrections, and shall be in accordance with the rules and regulations of the local fire commission or city ordinance.

10. There shall be a separate bed for each infant.

Care of Patients.

1. In each labor case, at the time of expected delivery, a legally qualified physician shall be promptly notified and shall be present and in attendance at the time of birth.

2. Prevention of blindness in infants.

Attention is called to chapter 724, statutes 1915, which requires the reporting of reddened or inflamed eyes of an infant, within two weeks after birth, to the local health officer of the county or municipality within which the mother of such infant resides. Further, the eyes of all new-born infants shall be treated immediately after birth with a one per cent. solution of nitrate of silver, two drops in each eye, or with other approved solution equally efficacious, and during the first few days cleansed daily with saturated boric acid solution.

3. After the birth of the child a legally qualified physician shall be in charge of the care of the mother and child, and shall superintend all after treatment.

4. If the child is kept in the hospital and is not breast-fed by the mother, the feeding and selection of food shall be under the direction of a legally qualified physician. If a wet nurse is provided, she shall meet with the approval of the physician. In every case where the mother is a proper subject she shall be urged to nurse her child. Under no circumstances will the use of nursing bottles which can not be readily and thoroughly washed be permitted (such as long-tubed nursing bottles). All nursing bottles and nipples must be boiled at least once a day and individual nipples must be provided for each child.

Disposal of Child.

1. Attention is called to section 224 of the Civil Code in accordance with which a child not retained by the mother must be legally relinquished before it can be adopted. This relinquishment must be expressed in writing, signed and acknowledged before an officer authorized to take acknowledgments or before the secretary of one of the organizations mentioned below. Before adoption can take place, a copy of the relinquishment must be filed with the State Board of Charities and Corrections.

2. Attention is called to chapter 569, statutes 1911, providing for the supervision and control by the State Board of Charities and Corrections of the placing of dependent children into homes, which makes it a misdemeanor for any person, association or society to engage in the work of placing children into homes without a license from the State Board of Charities and Corrections.

The following agencies have been licensed to place dependent children into homes and to arrange for adoption:

Charity Organization Society, 2120 Grove street, Berkeley.

Children's Home Society, 2414 Griffith avenue, Los Angeles.

Catholic Ladies Aid Society, City Hall, Oakland.

Oakland Associated Charities, City Hall, Oakland.

Catholic Humane Bureau, 995 Market street, San Francisco.

Children's Agency of the Associated Charities, 1500 Jackson street, San Francisco.

Eureka Benevolent Society, 436 O'Farrell street, San Francisco.

Native Sons and Daughters Central Committee on Homeless Children, 955 Phelan Building, San Francisco.

3. Each licensee shall use due diligence to prevent the abandonment of children, which is, according to sections 270, 271, and 271a of the Penal Code, a penal offense.

4. A licensee shall not be permitted to advertise that he will procure the adoption of children or to hold out inducements to mothers to part with their offspring.

Records.

1. Every licensee must keep a register wherein he shall enter the name and address of every maternity patient, the date of admission and discharge of every such patient, the name and sex of every child born or boarded on the premises, the date of every such birth, the legitimacy or illegitimacy of every child, the name and residence of the father, the date of removal of the child, the name and address of the person taking away the child, and, if relinquished by the mother, the date of relinquishment, the name and address of the person to whom the child is relinquished, and the reasons therefor; and if adopted, the date of adoption, the name of the person signing the consent to adoption, and the name and address of the person adopting the child. Every admission, discharge, birth, death, relinquishment or adoption must be recorded in the register within forty-eight hours after its occurrence.

2. A semi-annual report, which shall be an exact transcript of this register, shall be made to the State Board of Charities and Corrections, 995 Market street, San Francisco, January 1st and July 1st of each year.

3. Each licensee shall use due diligence to prevent deception by a patient as to her identity and shall not receive any person who refuses to give the required information, unless the case is one of emergency. If a patient does not give the necessary information before the fourth day after her delivery, the licensee shall forthwith notify the State Board of Charities and Corrections.

4. All births and deaths must be reported promptly to the local authorities by the attending physician. (See Political Code, section 3077, and chapter 378, Statutes 1915.)

Inspection.

The proprietor or person in charge of a maternity hospital shall give the inspectors of the State Board of Charities and Corrections all reasonable information and shall afford them every facility for examining the records, inspecting the premises, and seeing the inmates.

Granting and Revoking License.

1. Application for license must be made on blank furnished by the State Board of Charities and Corrections.

2. Every applicant must have the approval of the local board of health or health officer.

3. Every licensee shall frame his license and post it in a conspicuous place in the office or room of his establishment in which his patients are received.

4. The license is the property of the State Board of Charities and Corrections and subject to return on demand.

5. Any neglect or evasion of these rules, or any collusion for their subversion, shall constitute sufficient cause for revocation of the license.

6. Any change of management, location, or name shall be promptly reported to the State Board of Charities and Corrections.

New Members

Egeberg, J. C., San Francisco.
Mathe, C. P. L., San Francisco.
Heppner, Maurice, San Francisco.
Noel, Myrtle S., San Francisco.
Sherman, Julius, San Francisco.
Warren, H. S., Montague, Cal.
Maroon, J. Luther, Santa Ana, Cal.
Smith, R. M., San Bernardino, Cal.
Durand, C. J., Colfax, Cal.
Fuller, G. E., Chula Vista, Cal.
Allen, Orah Knapp, Vallejo, Cal.
Ginsburg, S. S., Visalia, Cal.
Edwards, Frank A., Los Angeles, Cal.
Hutchinson, Wm. W., Los Angeles, Cal.
Bonthius, Frederick A., Los Angeles, Cal.
Rodi, Charles H., Pasadena, Cal.
Jeancon, Etta C., Los Angeles, Cal.
Humfreville, D. L., Los Angeles, Cal.
Rogers, Arthur M., Los Angeles, Cal.
Heaney, Harold Robert, San Francisco.
Welpton, Martha, San Diego, Cal.
Maxwell, Alice Freeland, San Francisco, Cal.
Gilliland, A. B., Cottonwood, Cal.
Bennett, E. L., Fresno, Cal.
Murayama, M., Fresno, Cal.
Robinson, J. H., Selma, Cal.
Scarborough, A. O., Fresno.
Walker, G. W., Fresno.
Soboslay, J., San Francisco.
Haven, Maude Noble, San Francisco, Cal.
Layman, Mary H., San Francisco, Cal.
Rose, Homer De Witt, Groveland, Cal.

Transferred

Rogers, J. B., Napa.
Farmer, Jessie C., Santa Cruz.
Ellsworth, A. D., Fresno.
Griffin, Alonzo P., Ferndale.

Deaths

Word has been received as we go to press of the death of Dr. F. Dudley Tait, of San Francisco. An obituary will appear in the next number.

Hervey, Chas. H., of San Jose: Eclectic Med. Inst., Ohio, '84: died in January, 1918.

Buell, Wm. E., who was Chief Surgeon at the Union Iron Works, San Francisco, Cal., was shot and killed while in the performance of his duties, on Feb. 4, 1918; he was a graduate of the College of Physicians and Surgeons, S. F.

Taylor-Goodman, Dr. Cecelia W., of San Diego, Cal.; Univ. of Michigan, '80; born July 17, 1859; died Jan. 27, 1918.

Chamberlain, Nelson H., of Oakland, Cal.; Med. Dept. Univ. of Michigan, '92; died in Chicago, Illinois Jan. 21, 1918; cause, apoplexy.

Posey, Addison C., of Oakland, Cal.; Kentucky School of Med., Ky., '75; died in Hanford, June 1, 1917, age 65; cause of death, valvular heart trouble.

Smith, Everett Russell, of Los Angeles, Cal.; Rush Med. Coll., '73; died Nov. 17, 1917, in South Pasadena, Cal.; cause, myocarditis.

Thomas, Frank W., of Claremont, Cal.; Starling Med. Coll., Ohio, '80; died Jan. 12, 1918. He was a member of the State Society and Councilor for the Los Angeles County Society, Pomona branch.

Swan, Benjamin R., of San Francisco, Cal.; Coll. Phys. and Surg., New York City, N. Y., '68; died Jan. 28, 1918, age 80.

Ehrlich, D. O. J., of Oakland Cal.; died in San Francisco, Cal., Jan. 23, 1918.

Garlick, P. G., of San Francisco; died Jan. 22, 1918, age 42. He was a graduate of the Hahnemann Hosp. Coll. of the Pacific, '03.

Silva, M. S. de, of Sacramento, Cal.; Coll. Phys. & Surg., San Francisco; died at his home, Jan. 19, 1918, age 55.

Shattuck, Alvin; died in Los Angeles, Cal., Jan. 28, 1918.